MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

10860

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS S.D.A. Church

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural, give location) 411 Garland Ave

3. NAME OF DECEASED (Type or Print) (First) Lucy (Middle) E (Last) Adams

4. DATE OF DEATH (Month) Nov (Day) 26 (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH 2-11-1872
9. AGE last birthday 77 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Iowa
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME Gabriel Green
14. MOTHER'S MAIDEN NAME unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT Mrs Ruth M. Kream

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary occlusion

94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: died suddenly

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Frank J Broschart M.D. ADDRESS Gaithersburg Md DATE SIGNED 11-26-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF Nov 30-1949 NAME OF CEMETERY OR CREMATORY Forest Lawn Memorial LOCATION (City, town, or county) Glendale (State) California

DATE REC'D BY LOCAL REG. 11/26/49 REGISTRAR'S SIGNATURE J Wm Dodd 24. FUNERAL DIRECTOR J Arthur Walters ADDRESS 254 Carroll St Takoma Park

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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RECEIVED
NOV 29 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

10861

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — LENGTH OF STAY (In this place) 15 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital 8600 Old Georgetown Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boyd
STREET ADDRESS (If rural give location) R.R. Star Route

3. NAME OF DECEASED (Type or Print): (First) Lucille (Middle) J. (Last) Allnutt
4. DATE OF DEATH: (Month) November (Day) 22 (Year) 1949
5. SEX: Female
6. COLOR OR RACE: wh
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: Oct. 30, 1916
9. AGE last birthday: 33 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Schools music Teacher
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): Johnson City, Tenn.
12. CITIZEN OF WHAT COUNTRY? U.S. of N. Am.
13. FATHER'S NAME: Wayne Johnson
14. MOTHER'S MAIDEN NAME: Cora Frances (Dec.)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Shock and hemorrhage due — 3 hrs.

9160 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) to severance of left femoral artery

181 (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY home
(CITY OR TOWN) Boyds R.F.D. (COUNTY) Monty (STATE) Md
TIME OF INJURY (Month) Nov (Day) 22 (Year) 49 (Hour) 8 A.M.
INJURY OCCURRED While at work ☒ Not while at work ☐
HOW DID INJURY OCCUR? Explosion of furnace stove

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED
Frank J. Broschart M.D. Gaithersburg Md 11-22-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 11/25/49
NAME OF CEMETERY OR CREMATORY: Monocacy
LOCATION (City, town, or county) (State): Beallsville Md.

DATE REC'D BY LOCAL REG. 11/25/49
REGISTRAR'S SIGNATURE: Helen Burrack
24. FUNERAL DIRECTOR — ADDRESS: Wm. B. Hilton Barnesville Md.

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NOV 28 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10862

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH:

County: Montgomery

City or town: Rural - Colesville
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Montgomery

City or town: Rural - Colesville
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: MADDALENA Giuliani AMBROGI

3.(b) Social Security Number: No

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband or wife: Ulisse Ambrogi

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): December 18, 1867

8. AGE: Years	Months	Days	If less than one day
81	11	10	hrs. min.

9. Birthplace: Boveglio, Italy
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: Michele Giuliani
13. Birthplace: Italy

MOTHER
14. Maiden name: Teodora Ferrari
15. Birthplace: Italy

16. Informant: Mrs. Anna Rossi - Daughter

Address: Colesville Pike, Colesville, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 11/30/49 (month) (day) (year)

Cemetery or crematory: Mt. Olivet Cemetery

Location: Washington, D. C.

18. Funeral director: Warner E. Pumphrey, Inc.
Warner E. Pumphrey, Inc.

Address: 8434 Georgia Ave. Silver Spring, Md.

19. (Date rec'd by registrar) 19 Mrs. Frances Potter Q. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 28 1949 at 8.00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 1949 to Nov 28 1949 and that I last saw he alive on Nov. 24 1949

	DURATION
Immediate cause of death: Congestive Cardiac Failure	1 month
Due to: Hypertensive Cardio vascular disease	5 years
Due to: Arteriosclerosis	
Other conditions: None.	

443
93d

(Include pregnancy within 3 months of death)

Major findings of operations: None Date of op.

Autopsy results: None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Ernest E Harmon, M.D.
M. D. or other

Address: Woodmoor Bldg, Silver Spr. Date signed 11/29/49

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

RECEIVED
DEC 3 1949
BUREAU V. S.

10863

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
HOSPITAL OR INSTITUTION OR STREET ADDRESS 100 Baltimore Avenue	STREET ADDRESS (If rural give location) # 1 Noyes Court

3. NAME OF DECEASED (Type or Print) (First) JOHN	(Middle) F.	(Last) ANDERSON	4. DATE OF DEATH (Month) Nov.	(Day) 25	(Year) 1949
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH March 25, 1878	9. AGE last birthday 71 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Sweden	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Carl Adolph Anderson		14. MOTHER'S MAIDEN NAME Eva ?			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. ?	17. INFORMANT Miss Clarice M. Anderson - Daughter			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

442 Immediate cause (a) Nephritis Acute. — 2 weeks.

131a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio-Vascular-Renal Disease - (Arteriosclerosis) — 10 years.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Arteriosclerosis with Mild Dementia

19a. DATE OF OPERATION —	19b. MAJOR FINDINGS OF OPERATION —	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify) —	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from June, 1947, to 25 Nov., 1949, that I last saw the deceased alive on 23 Nov., 1949; and that death occurred at 8 15 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
G. B. Queen M.D.	112 Willow Ave.	Takoma Park, Md.	11-25-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 11/26/49	NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery	LOCATION (City, town, or county) (State) Prince George County, Md.
DATE REC'D BY LOCAL REG. 11/25/49	REGISTRAR'S SIGNATURE Frances Potter	24. FUNERAL DIRECTOR Warner E. Pumphrey, Inc.	ADDRESS Silver Spring, MD.

11/30/49 J. Arthur Dodd - Local Reg.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 1 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10864

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery County — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring Rural
LENGTH OF STAY (in this place) 4 m. 26 d.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cedarcroft Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Mtg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural, give location) 4518 Drummond Avenue

3. NAME OF DECEASED (Type or Print): (First) THOMAS (Middle) MOORE (Last) ANDERSON

4. DATE OF DEATH: (Month) Nov. (Day) 5 (Year) 19 49

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 12-9-1873

9. AGE last birthday: 75 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Govt. employee

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Gallatin, Sumner Co., Tenn.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: David Blythe Anderson

14. MOTHER'S MAIDEN NAME: Laura Moore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If year, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs. Nell Spruce (daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Thrombosis — Interval between onset and death: 2 wks

332 Antecedent cause(s)

838 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral arteriosclerosis — ?

(c) Senility

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.):

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-9, 1949, to 11-5, 1949, that I last saw the deceased alive on 11-4, 1949, and that death occurred at 4:25 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Richard B. Thibadeau M.D. Cedarcroft San. Silver Spring, Maryland

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 11-5-49 — NAME OF CEMETERY OR CREMATORY: — LOCATION (City, or county) (State): Penn.

DATE REC'D BY LOCAL REG. 11-5-49 — REGISTRAR'S SIGNATURE: W. E. Jobes

24. FUNERAL DIRECTOR: Robt. A. Pumphrey — ADDRESS: Bethesda

RECEIVED
NOV 8 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10865

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: MONTGOMERY
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BETHESDA, RURAL
LENGTH OF STAY (in this place): 1 Day
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND
COUNTY: PG.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RIVERDALE
STREET ADDRESS (If rural, give location): 4502 WOODBURY ROAD

3. NAME OF DECEASED (Type or Print): (First) Scott (Middle) Lee (Last) ATHEY

4. DATE OF DEATH: (Month) NOV. (Day) 23 (Year) 1949

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: 11-22-49

9. AGE last birthday: 0 yrs. If under 1 year: Months 0, Days 2. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: EDWARD ATHEY

14. MOTHER'S MAIDEN NAME: MARTHA TOPPER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: FATHER: EDWARD ATHEY same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

762.5 / 759

Immediate cause (a) Min. Generalized Atelectasis

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Incompatible with life

(c) Prematurity

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 22 November 19 49, to 23 November 19 49, that I last saw the deceased alive on 23 November 19 49, and that death occurred at 9:28 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

P. PETERSON, CAPTAIN, MC, USN, U.S. NAVAL HOSPITAL, BETHESDA, MD 12-1-49

23. BURIAL, CREMATION, REMOVAL (Specify): Removal

DATE: 11-26-49

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. 12-4-49

REGISTRAR'S SIGNATURE: Elizabeth Willett / Elizabeth Willett

24. FUNERAL DIRECTOR ADDRESS: Pathology Department, Naval Medical School.

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DEC 9 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10866

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6708 - 46th. St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural, give location) 6708 - 46th. St.

3. NAME OF DECEASED (Type or Print): (First) DORA (Middle) JOHNSTON (Last) BACON

4. DATE OF DEATH: (Month) Nov. (Day) 12, (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed

8. DATE OF BIRTH: Sept. 9, 1872

9. AGE last birthday: 77 yrs. If under 1 year: Months 2, Days 3. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House-Wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Mass.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph C. Johnston

14. MOTHER'S MAIDEN NAME: Rosa Barnes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs Doris H. Zimmerman (daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebro vascular accident - cerebral hemorrhage	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive cardio vascular disease	10 years
	(c)	

443
93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from November 4, 1949, to November 13 1949, that I last saw the deceased alive on November 12, 1949, and that death occurred at 8 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Robert W. Poole M.D. 5707 Wisconsin Ave Chevy Chase Md November 13 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation | DATE: 11/16/49 | NAME OF CEMETERY OR CREMATORY: Cedar Hill Crematory | LOCATION (City, town, or county) (State): Suitland, Maryland

DATE REC'D BY LOCAL REG. 11-13-49 | REGISTRAR'S SIGNATURE: Helen Kurvack

24. FUNERAL DIRECTOR: Robert C. Pumphrey | ADDRESS: Bethesda, Md.

Helen Kurvack

VS. A15

RECEIVED
NOV 17 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

10867

Reg. Dist. No. 215

1. PLACE OF DEATH · COUNTY: Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: DISTRICT OF COLUMBIA COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural — LENGTH OF STAY (In this place): ~~XX XXXXX~~ 48 minutes	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: WASHINGTON
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. NAVAL HOSPITAL	STREET ADDRESS (If rural, give location): 719 24th Street, NW

3. NAME OF DECEASED (Type or Print)	(First) Fred	(Middle) (n)	(Last) BATTLE	4. DATE OF DEATH	(Month) NOV (Day) 30/1949 (Year) 19
5. SEX: Male	6. COLOR OR RACE: Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married	8. DATE OF BIRTH: 11-17-91	9. AGE last birthday: 58 yrs.	If under 1 year: Months 0 Days 13; If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Messenger	10b. KIND OF BUSINESS OR INDUSTRY: U S Govt	11. BIRTHPLACE (State or foreign country): Birmingham, Alabama	12. CITIZEN OF WHAT COUNTRY? US		
13. FATHER'S NAME: Unknown	14. MOTHER'S MAIDEN NAME: Unknown				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Year no. or unknown): Yes (If year, give war or dates of service): WWI	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS: Wife: Essie May Battle, same address			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage, Massive	4-6 hrs
Antecedent cause(s)	(b) Pulmonary Congestion and Edema	4-6 hrs
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Nephrosclerosis	Years

446
131a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☒ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 30 Nov., 1949, to 30 Nov, 1949, that I last saw the deceased alive on 30 Nov. 1949, and that death occurred at 8:18P m., from the causes and on the date stated above.

SIGNATURE: Wade H. Boswell (Degree or title) ADDRESS: W.H. BOSWELL, LT, MC, USN, U.S. NAVAL HOSPITA, BETHESDA, MD, DATE SIGNED: 12-3-49

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL	DATE: 12-5-49	NAME OF CEMETERY OR CREMATORY: ARLINGTON NATIONAL	LOCATION (City, town, or county) (State): ARLINGTON VIRGINIA
DATE REC'D BY LOCAL REG. 12-4-49	REGISTRAR'S SIGNATURE: Elizabeth Willett	24. FUNERAL DIRECTOR: W.E. JARVIS 1432 U Street, Wash. D.C.	ADDRESS

J.W.H

M

I

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 9 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10868

CERTIFICATE OF DEATH

Reg. Dist. No. 213

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 203 Croydon Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural give location) 203 Croydon Ave

3. NAME OF DECEASED (Type or Print) (First) Jean (Middle) Marie (Last) Baugh.

4. DATE OF DEATH (Month) Nov. (Day) 26, (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Jan. 19, 1897
9. AGE last birthday 52 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-Wife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Indiana
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Otto Babbs
14. MOTHER'S MAIDEN NAME Ella Zellers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Fred Leo Baugh - (Husband)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinoma of Left Lung	6 mons
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma Left Breast	5 yrs
	(c)	

170
50

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Multiple Sclerosis — 15 years

19a. DATE OF OPERATION 1947
19b. MAJOR FINDINGS OF OPERATION C.A. Left Breast
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1946, to 26 Nov, 1949, that I last saw the deceased alive on 25 Nov, 1949 and that death occurred at 7 A. m., from the causes and on the date stated above.

SIGNATURE W S Murphy Md (Degree or title) ADDRESS Rockville Md DATE SIGNED 26 Nov 49

23. BURIAL, CREMATION REMOVAL (Specify) Burial-Transit
DATE THEREOF 11-27-49
NAME OF CEMETERY OR CREMATORY River Side
LOCATION (City, town, or county) (State) Spencer, Indiana

DATE REC'D BY LOCAL REG. 11/26/49
REGISTRAR'S SIGNATURE Per Floyd S. McIlroy Mrs. Ethelyn Thompson Jr.
24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 30 1949
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

I

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10869

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda — LENGTH OF STAY (in this place): 14 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Suburban Hospital 8600 Old Georgetown Rd

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: New York State — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Burnt Hills, N.Y.
STREET ADDRESS (If rural, give location): none

3. NAME OF DECEASED (Type or Print) (First) Marie (Middle) Nelson (Last) Bogert

4. DATE OF DEATH (Month) 11 (Day) 12 (Year) 1949

5. SEX: Female
6. COLOR OR RACE: White
7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED,~~ (Specify) widowed
8. DATE OF BIRTH: Nov. 9th 1870
9. AGE last birthday: 79 yrs. — If under 1 year: Months 0, Days 3 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Brooklyn N.Y.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William Nelson
14. MOTHER'S MAIDEN NAME: Elizabeth Bell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT AND ADDRESS: Mr. H. H. Bogert Jr. 5495 Fairfax Rd. Bh. Bh. Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	6 mo. Ago. Oct 28, 49
331 Antecedent cause(s)		10 Nov 49
186a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) ~~Fracture Femur Neck Rt.~~	~~29 Oct 49~~
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Fracture Neck Femur Rt. — 29 Oct 49

19a. DATE OF OPERATION: 2 Nov 49
19b. MAJOR FINDINGS OF OPERATION: Nail Fracture Hip
20. AUTOPSY? Yes ☐ No ☑

21. ~~ACCIDENT~~ ~~SUICIDE~~ ~~HOMICIDE~~ (Specify) —
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 29 Oct, 1949, to 12 Nov 1949, that I last saw the deceased alive on 11 Nov, 1949, and that death occurred at 12:55 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Milton C. Cobey COBEY 7835 Sun W. NW. Wash. D.C. 12 Nov. 49

23. BURIAL, CREMATION REMOVAL (Specify): Cremation
DATE: Nov. 12, 1949
NAME OF CEMETERY OR CREMATORY: Cedar Hill Crematory
LOCATION (City, town, or county) (State): Prince George Co., Md.

DATE REC'D BY LOCAL REG. 11-12-49
REGISTRAR'S SIGNATURE: Helen Kinnear
24. FUNERAL DIRECTOR: Robert A. Rigby — ADDRESS: Bethesda, Md.

RECEIVED
NOV 17 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10870

CERTIFICATE OF DEATH

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park; LENGTH OF STAY (in this place) 6 mo. 11 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C.; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 322 A. St. S.E.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Lola	Mai	Bryan	11	29	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White		Oct. 9 1890	59 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rooming house mgr.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Newbern Tenn.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Blanks
14. MOTHER'S MAIDEN NAME: Mattie McCorkle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):
16. SOCIAL SECURITY No.:
17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
170 Immediate cause	(a) Generalized Carcinomatosis	
Antecedent cause(s)		
50 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma Right Breast with metastasis	16 months
	(c) Diabetes Mellitus due to metastasis	11 months
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Pathological fracture left thigh	11 months

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour): m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 18, 1949, to Nov. 29, 1949, that I last saw the deceased alive on Nov. 29, 1949, and that death occurred at 9:20 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
De Voe R. Mudd M.D.	Takoma Park 12, Md.	Nov. 30, 1949

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec 2 1949	Cedar Hill	Suitland, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/30/49	J. Nelson Dodd	William Lee's Sons Co.	300-4th St. N.E. Wash. D.C.

RECEIVED
DEC 1 1949
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10871

CERTIFICATE OF DEATH

Reg. Dist. No. 213

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Rockville
LENGTH OF STAY (in this place) 28 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D. #1

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Rockville
STREET ADDRESS (If rural give location) R.F.D.#1

3. NAME OF DECEASED (Type or Print) (First) James (Middle) (Last) Carlisle

4. DATE OF DEATH (Month) November (Day) 30 (Year) 1949.

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 6/10/1890
9. AGE last birthday 59 yrs. If under 1 year Months 5 Days 20 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James Carlisle
14. MOTHER'S MAIDEN NAME Susan Carter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. 216-07-8720
17. INFORMANT Mrs. Arie Etta Carlisle (Wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
420.1	Immediate cause	(a) Cerebral hemorrhage, left hemiplegia	13 days.
93d	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary occlusion, myocardial infarction	6 mos.
		(c) Auricular fibrillation	3 years.
		Arteriosclerosis, myocarditis	5 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1940, 19....., to Nov. 30, 1949, that I last saw the deceased alive on Nov. 29, 1949, and that death occurred at 4:15 A.m., from the causes and on the date stated above.

SIGNATURE Wm A. Linthicum (Degree or title) M.D. ADDRESS - Rockville, Md. DATE SIGNED 11/30/49.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 12/3/49
NAME OF CEMETERY OR CREMATORY Rockville Union Cem.
LOCATION (City, town, or county) Rockville (State) Maryland

DATE REC'D BY LOCAL REG. 12/2/49
REGISTRAR'S SIGNATURE Louise B. Humphrey
24. FUNERAL DIRECTOR Robert A. Humphrey ADDRESS Bethesda, Md.

RECEIVED
DEC 3 1949
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10872

Reg. Dist. No. 223

1. PLACE OF DEATH:

County: Montgomery

City or town: Garrett Park
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:
22 Strathmore Drive

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Montgomery

City or town: Garrett Park
(If outside city or town limits, write RURAL and give nearest town)

Street No.: 22 Strathmore Drive
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

DONNIE CATHERINE COMPHER

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	white	married

6.(b) Name of husband or wife: Paul R. Compher, Sr.

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): July 16, 1867

8. AGE: Years	Months	Days	If less than one day
82	3	25	hrs. min.

9. Birthplace: Rapps Mill, Va.
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: John A. T. Reid
13. Birthplace: Unknown

MOTHER
14. Maiden name: Martha Saville
15. Birthplace: Unknown

16. Informant: Paul R. Compher, Sr.

Address: 22 Strathmore Drive, Garrett Park, Md.

17. Removal (Burial, cremation, or removal. Which?) Date thereof: Nov. 11, 1949 (month) (day) (year)

Cemetery or crematory

Location: Lovettsville, Loudoun Co., Va.

18 Funeral director: Warner E. Pumphrey, Inc.

Address: 8434 Ga. Ave., Silver Spring, Md.

19. Nov. 11 1949 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 11 19 49 at 1:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 11/7/49 19 to 11/10/49 19 and that I last saw h[illegible] alive on 11/10/49 19

Immediate cause of death	DURATION
Cerebral Hemorrhage	1 week
Due to Arteriosclerosis	yrs
Due to 331	
Other conditions 83a	

(Include pregnancy within 3 months of death)

Major findings of operations: ~ Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Samuel Allen MD
M. D. or other

Address: Kensington, Md. Date signed: 11/10/49

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
NOV 14 1969
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

10873

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 217

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M

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T

VS. A15

1. PLACE OF DEATH: COUNTY: Montgomery — STATE: MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Olney — LENGTH OF STAY (In this place): Life.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sandy Spring
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Montgomery County Gen'l Hosp	STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Lelia		Copeland		11	8	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
Female	Colored	Single	Jan 1894	55 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Maid	Home	Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James Copeland	Martha Myers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No		—	Brother, Charles Copeland.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Congestive Heart Failure	2 wks
422.2 Antecedent cause(s)		
61 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Myocarditis	yrs
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Diabetes Mellitus	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from 10/24, 1949, to 11/8, 1949, that I last saw the deceased alive on 11/8, 1949, and that death occurred at 10:10 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
C. Dragon	MD	Sandy Spring Md	11/8/49

23. BURIAL, CREMATION, ~~REMOVAL~~ (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
	11-12-49	Mt Zion.	Mt Zion	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11-12-49	Bertha B. Lawler	Robert R. Snowden.	Rockville Md

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

10874

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Derwood; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Derwood; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) OLIVER (Last) CROWN

4. DATE OF DEATH: (Month) Nov. (Day) 17 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: May 15, 1874

9. AGE last birthday: 75 yrs. If under 1 year: Months 6, Days 2; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Montg. Co. Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Crown

14. MOTHER'S MAIDEN NAME: Laura Ricketts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mary Anna Crown

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420 1 **Immediate cause** (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: sudden death

940a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ..... (c) .....

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Frank L. Broschart M.D. | Gaithersburg Md | 11-17-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 11/20/49 | NAME OF CEMETERY OR CREMATORY: Forest Oak Cemetery | LOCATION (City, town, or county) (State): Gaithersburg Md.

DATE REC'D BY LOCAL REG. 11-18-49 | REGISTRAR'S SIGNATURE: Helen Runnels | 24. FUNERAL DIRECTOR: Robert A. Pumphrey | ADDRESS: Bethesda, Md.

RECEIVED
NOV 22 1949
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10875

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville, Md
LENGTH OF STAY (in this place) 2 yr 2 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS Chestnut Lodge Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) 2629 39th St N.W. Wash. D.C.

3. NAME OF DECEASED (Type or Print) (First) JOHN (Middle) (Last) DALLETT

4. DATE OF DEATH (Month) Nov. (Day) 8 (Year) 1949

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Divorced.

8. DATE OF BIRTH 1 August 1867

9. AGE last birthday 82 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Westchester, Penna.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John Dallett

14. MOTHER'S MAIDEN NAME Ella Hemphill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If year, give war or dates of service)

16. SOCIAL SECURITY No. —

17. INFORMANT Mrs. Richard Galliher (daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
450.0	Immediate cause	(a) Cardiac Failure	7 days
	Antecedent cause(s)		
97	Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypostatic pneumonia	14 days
		(c) ~~Senile dementia~~ Generalized arteriosclerosis with senile dementia	12 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None

19b. MAJOR FINDINGS OF OPERATION None.

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) None

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) None m.

INJURY OCCURRED While at Work ☐ Not While At work ☐ —

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from July 10, 1949, to Nov. 8, 1949 that I last saw the deceased alive on Nov. 7, 1949, and that death occurred at 10^50 A m., Nov. 8, 49 from the causes and on the date stated above.

SIGNATURE Dan L M Bullard (Degree or title) ADDRESS DATE SIGNED 11/8/49

23. BURIAL, CREMATION REMOVAL (Specify) Cremation

DATE Nov. 9, 1949

NAME OF CEMETERY OR CREMATORY Cedar Hill Crematory

LOCATION (City, town, or county) Suitland (State) Maryland

DATE REC'D BY LOCAL REG. 11-9-49

REGISTRAR'S SIGNATURE Helen Hurvach

24. FUNERAL DIRECTOR Robert A. Humphrey ADDRESS Bethesda, Md.

Evidence for additions in #18 & 21 shown on:

10876

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

FILM No. G 122 NOV 28 1949

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Silver Spring 2 months
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Jolliffe Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D C COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 715 Randolph St N E.

3. NAME OF DECEASED (Type or Print) (First) Andrew (Middle) B (Last) Denham.
4. DATE OF DEATH (Month) (Day) (Year) Nov. 15 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Aug 8-1870
9. AGE last birthday 79 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY Street Car Operator
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME
14. MOTHER'S MAIDEN NAME Harrison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unk. (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

841.5 Immediate cause (a) Cardiac decompensation 2 days

171a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Traumatic Cerebral vascular accident 2 wks

(c) due to Cerebral compression with softening.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Street (CITY OR TOWN) Wash. DC. (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) 7/5/49 m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? Street car accident 11/28/49 A.S.

22. I hereby certify that I attended the deceased from 9-10, 1949, to 11-5, 1949 that I last saw the deceased alive on 11-4, 1949 and that death occurred at 11:30 A.M., from the causes and on the date stated above.

SIGNATURE Dr. F. J. Braschart, D.M.E. Montg. Co. (Degree or title) ADDRESS 9601 Sutton Pl. Silver Spring Md. DATE SIGNED 11-5-49

23. BURIAL, CREMATION REMOVAL (Specify) Buried
DATE THEREOF Nov. 8 1949
NAME OF CEMETERY OR CREMATORY Congressional Cemetery
LOCATION (City, town, or county) Washington (State) D.C.

DATE REC'D BY LOCAL REG. 11/5/49
REGISTRAR'S SIGNATURE J. Nelson Dodd
24. FUNERAL DIRECTOR J. Wm. Lee Sons Co. ADDRESS 300-4th St NE Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

9417 2nd ave
Schaffer

Vr. Forsythe

RECEIVED
NOV 8 1949
BUREAU V. B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

10877

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Give correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

I

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington Sanitarium + Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ~~#573 Co~~ Silver Spring
STREET ADDRESS (If rural, give location): 11513 College View Drive

3. NAME OF DECEASED (Type or Print): (First) Unnamed (Middle) baby boy (Last) Dingman

4. DATE OF DEATH: (Month) 11 (Day) 9 (Year) 1949

5. SEX: M

6. COLOR OR RACE: wh

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 11-9-49

9. AGE last birthday: ____ yrs. If under 1 year: Months ____ Days ____ If under 24 hrs.: Hours ____ Min. 20

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Lester Francis Dingman

14. MOTHER'S MAIDEN NAME: Evora Louise Haliday

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: father - same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Atelectasis lungs - new born — Interval between onset and death:

762.0

Antecedent cause(s)

161a

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-9-, 1949, to 11-9-, 1949, that I last saw the deceased alive on 11-9-, 1949, and that death occurred at 8:17 A m., from the causes and on the date stated above.

SIGNATURE: Emma Hughes (Degree or title) M.D. ADDRESS: Takoma Park, Md. DATE SIGNED: 11-10-49

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation — DATE: 11/10/49 — NAME OF CEMETERY OR CREMATORY: Washington Sanitarium & Hospital — LOCATION (City, town, or county) (State): Takoma Park, Md.

DATE REC'D BY LOCAL REG.: Nov. 10 1949 — REGISTRAR'S SIGNATURE: J. Wilson Dodd

24. FUNERAL DIRECTOR — ADDRESS: Washington San.& Hosp. Takoma Park, Md.

Written permission received from both parents, William H. Hyatt. Medical Record Librarian

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NOV 11 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10878

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
LENGTH OF STAY (in this place): 26 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: DISTRICT COLUMBIA — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: WASHINGTON
STREET ADDRESS (If rural, give location): 2438 MONROE ST, N.E.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Peryl	Claud	DIXON	NOV	23,	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
MALE	WHITE	MARRIED	5-26-94	55 yrs.	5	27		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Civil Service	Govt	Scottland, Illinois	US

13. FATHER'S NAME: ZACHARIAH DIXON

14. MOTHER'S MAIDEN NAME: MARGARET RANDOLPH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
YES	WW II		WIFE: GLADYS P. DIXON SAME ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Infarction, Myocardium	3 Wks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis, Coronary arteries	undetermined
	(c)	

420.1
94a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes XXX No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐	Not While At work ☐	HOW DID INJURY OCCUR?
			m.			

22. I hereby certify that I attended the deceased from 28 OCT, 1949, to 23 NOV., 1949, that I last saw the deceased alive on 23 NOV, 1949, and that death occurred at 5:30 P m., from the causes and on the date stated above.

SIGNATURE W. F. Queen (Degree or title) ADDRESS DATE SIGNED

W.F. QUEEN CDR, MC, USN, U.S. NAVAL HOSPUTAL, BETHESDA, MD. 11-25-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11-26-49	Fort Lincoln	Fort Lincoln, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11-25-49	Elizabeth Willet	William J. Nalley	3200 Rhode Island NE

W. L. N.

VS. A15

RECEIVED
NOV 29 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

10879

Reg. Dist. No. 218

1. PLACE OF DEATH: Home
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Laytonsville
LENGTH OF STAY (in this place) All Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Laytonsville Md
STREET ADDRESS — (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) PRESLEY (Middle) WORTHINGTON (Last) Dorsey

4. DATE OF DEATH (Month) Nov (Day) 14 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Oct 25-1867
9. AGE last birthday 82 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Thomas H Dorsey
14. MOTHER'S MAIDEN NAME Mary E Dorsey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. non
17. INFORMANT Miss Maude H Dorsey

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
334	Immediate cause	(a) Acute Cardiac failure	2 days
87d	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral sclerosis	2 yrs
		(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 1946, to Nov 18, 1949, that I last saw the deceased alive on 11-13, 1949, and that death occurred at 10:00 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
F. J. Broschart M.D. Gaithersburg Md 11-15-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Nov 17-1949
NAME OF CEMETERY OR CREMATORY Goshen Md
LOCATION (City, town, or county) (State) Montgomery Co Md

DATE REC'D BY LOCAL REG. 11/17/49
REGISTRAR'S SIGNATURE Louis D Bell
24. FUNERAL DIRECTOR Roy W Barber Laytonsville Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10880

CERTIFICATE OF DEATH

Reg. Dist. No. 2/6

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Suburban Hospital 8600 Old Georgetown Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Derwood
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) ~~Baby Boy~~ David (Middle) (Last) Embrey

4. DATE OF DEATH: (Month) 11 (Day) 16 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH: 11/15/49

9. AGE last birthday: yrs.

If under 1 year: Months / Days / If under 24 hrs.: Hours 6 / Min. 20

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wallace Embrey

14. MOTHER'S MAIDEN NAME: Ethel Sink

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Wallace Embrey-Father

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

761.5 Immediate cause (a) Premature Birth (29th weeks) — 6 hours

160 C Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Premature Separation of Placenta — 12 hrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 2nd pregnancy of mother Twin child

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 15 Nov, 1949, to 16 Nov, 1949, that I last saw the deceased alive on 16 Nov, 1949, and that death occurred at 3:15 A.m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) MD ADDRESS: Rockville Md DATE SIGNED: 16 Nov 49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 11/16/49 — NAME OF CEMETERY OR CREMATORY: Redland Cemetery — LOCATION (City, town, or county): Redland (State): Maryland

DATE REC'D BY LOCAL REG. 11-16-49 — REGISTRAR'S SIGNATURE: Helen Burnaeh

24. FUNERAL DIRECTOR: [signature] ADDRESS: Bethesda, Md.

RECEIVED
NOV 22 1949

STATE OF MARYLAND—CERTIFICATE OF DEATH

10881

1. PLACE OF DEATH

County Montgomery Registration Dist. No. 216

Village or City Bethesda No. Suburban Hosp. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Elmina Bicknell Ennes.

(a) Residence: No. 4428 Harrison St NW. D.C. St., Ward. ✓

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	W.	Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Howard W. Ennes.

6. DATE OF BIRTH (month, day, and year) Nov. 10 - 1893.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	—	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Chattanooga Tenn. (State or country)

FATHER

13. NAME Dr. Guilford O. Bicknell

14. BIRTHPLACE (city or town) Tenn. (State or country)

MOTHER

15. MAIDEN NAME Minna Hale (Bicknell)

16. BIRTHPLACE (city or town) Tenn. (State or country)

17. INFORMANT Howard W. Ennes. (Address) 4428 Harrison St. N.W.

18. BURIAL, CREMATION, OR REMOVAL

Place Date , 19

19. UNDERTAKER S. H. Hines Co. (Address) 2901 14 St. N.W.

20. FILED 11-21-49, 19 Helen Kurvack Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Nov. (Month) 21 (Day), 1949 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan. 11, 1949, to Nov. 21, 1949

I last saw her alive on Nov. 21, 1949; death is said to have occurred on the date stated above, at 10 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral Accident	10-24-49
331	
131a	

Other Contributory Causes of Importance:

(1) Cardio - Vascular - Renal Disease	Indeterminate
(2) Hypertension	"

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify —

(Signed) Karl Dortzbach M. D.

(Address) 3130 Wis Ave. Wash, D.C.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

(I)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a **clerk.**

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10882

CERTIFICATE OF DEATH

Reg. Dist. No. 217

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Norbeck | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rockville R.F.D #3

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Norbeck
STREET ADDRESS (If rural give location) Rockville R.F.D #3

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) (Last) Forbes

4. DATE OF DEATH: (Month) Nov (Day) 26 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Colored

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH: Nov 23, 1883

9. AGE last birthday: 66 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Bahama Island, West I.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Sarah Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs Eva Forbes

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebrovascular hemorrhage	10-1-49
443 / 938 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive cardiovascular disease	10 yrs
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 24, 19 49, to Nov 26, 19 49, that I last saw the deceased alive on Nov 26, 19 49, and that death occurred at 7:50 P.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
A. D. Bonifant	M.D.	Sandy Spring, Md.	28 Nov. 1949

23. BURIAL, ~~CREMATION~~, REMOVAL (Specify) | DATE THEREOF: 11-29-49 | NAME OF CEMETERY OR CREMATORY: Norbeck | LOCATION (City, town, or county) (State): Norbeck, Md

DATE REC'D BY LOCAL REG. 11-29-49 | REGISTRAR'S SIGNATURE: Gertrude B Lawler | 24. FUNERAL DIRECTOR: Robert L. Snowden | ADDRESS: Rockville

RECEIVED
DEC 13 1949
BUREAU V. S.

19987 Hosp. na

Evidence for change of age shown on:
FILM No. G 122 NOV 18 1949

10883

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH · COUNTY: Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda — LENGTH OF STAY (in this place): 2 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glen Mt. Heights-Silver Spring
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Suburban Hospital 8600 Old Georgetown Rd.	STREET ADDRESS (If rural, give location): 204 Flack St.

3. NAME OF DECEASED (Type or Print) (First) James (Middle) A. (Last) Ford			4. DATE OF DEATH (Month) November (Day) 9 (Year) 1949		
5. SEX: M	6. COLOR OR RACE: Wh	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W.	8. DATE OF BIRTH: June 24 1881	9. AGE last birthday: 68 yrs.	If under 1 year: Months 4, Days 17; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrician	10b. KIND OF BUSINESS OR INDUSTRY: Same	11. BIRTHPLACE (State or foreign country): West Virginia	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME: James Ford		14. MOTHER'S MAIDEN NAME: Clara Cline			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS: Hospital Records			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) coronary heart disease

420.1 Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) chronic cor pulmonale

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 7, 1949, to Nov. 9, 1949, that I last saw the deceased alive on Nov 9, 1949 and that death occurred at 11 00 a.m. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
M. Ni	M.D.		Nov 9, 49

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: Nov. 12, 1949	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State): Morgantown, West Virginia
DATE REC'D BY LOCAL REG.: 11-9-49	REGISTRAR'S SIGNATURE: Helen Kr[illegible]	24. FUNERAL DIRECTOR: J. Arthur Walters, 254 Carroll St. NW.	ADDRESS: DC

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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OCT 15 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10884

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY: MONTGOMERY — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: DISTRICT COLUMBIA — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BETHESDA, RURAL — LENGTH OF STAY (In this place): 12 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: WASHINGTON
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. NAVAL HOSPITAL	STREET ADDRESS (If rural, give location): 20 ARMOR GREEN S.W.

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Pauline	Mary	GAUDET	11	26	19 49

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Married	10-23-09	40 yrs.	1	3		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Housewife		Canada	US

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Delphia Gaudette	Julia Arsenault

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
No			Husband: Edward Francis Gaudet same addre

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pyelonephritis, left	2 days
171 Antecedent cause(s)		
48a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma Cervix uteri	Unknown Probably
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
11/22/49	Carcinoma of Cervix - no spread	Yes XXX No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 14 Nov. a....., 19 49, to 26 Nov. a....., 19 49., that I last saw the deceased alive on 26 Nov. a....., 19 49, and that death occurred at 6:20 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Paul Peterson	PAUL PETERSON, CAPTAIN, MC, USN, U.S. NAVAL HOSPITAL, BETHESDA MD	11/29/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11-29-49	Arlington National	Arlington Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/29/49	Elizabeth Willett	W.W. Chambers	517 11th St SE Wash DC

GDP

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DEC 1 1949
BUREAU V. S.

10885

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY Shenandoah
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural- Silver Spring — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New Market
HOSPITAL OR INSTITUTION OR STREET ADDRESS Jolliffe Nursing Home	STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print)	(First) Robert	(Middle) Daniel	(Last) Grabill	4. DATE OF DEATH	(Month) Nov.	(Day) 15	(Year) 1949
5. SEX Male	6. COLOR OR RACE Wh	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH Sept. 7, 1860	9. AGE last birthday 89 yrs.	If under 1 year Months	Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant	10b. KIND OF BUSINESS OR INDUSTRY Own gen'l Dept Store	11. BIRTHPLACE (State or foreign country) Virginia	12. CITIZEN OF WHAT COUNTRY?				
13. FATHER'S NAME Unknown	14. MOTHER'S MAIDEN NAME Henrietta Grabill						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)	16. SOCIAL SECURITY NO. none	17. INFORMANT Mrs. Herbert Barnes - Daughter					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary Occlusion — 15 min.

Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized arteriosclerosis — Years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-24, 1949, to 11-15, 1949, that I last saw the deceased alive on 11-14, 1949, and that death occurred at 5 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John S. Rogers	M.D.	9601 Sutton Pl. Silver Spring, Md.	11-15-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE Nov. 18, 1949	NAME OF CEMETERY OR CREMATORY St. Matthews	LOCATION (City, town, or county) (State) New Market, Virginia
DATE REC'D BY LOCAL REG. 11/15/49	REGISTRAR'S SIGNATURE J. Wilson Dodd	24. FUNERAL DIRECTOR Warner E. Pumphrey Inc.	ADDRESS Silver Spring, Md.

Warner E. Pumphrey, Inc.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 18 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

10886

Reg. Dist. No. 215

1. PLACE OF DEATH COUNTY: Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: DISTRICT COLUMBIA COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural — LENGTH OF STAY (in this place): 4mo 24 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: WASHINGTON
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. NAVAL HOSPITAL	STREET ADDRESS (If rural, give location): 1220 "N"N STREET, NW.

3. NAME OF DECEASED (Type or Print)	(First) Charles	(Middle) Edward	(Last) GRIFFIN	4. DATE OF DEATH	(Month) NOV. (Day) 30, (Year) 1949
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married	8. DATE OF BIRTH: 9-27-97	9. AGE last birthday: 52 yrs.	If under 1 year: Months 2, Days 3; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Copy Editor	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country): Holyoke, Massachussetts	12. CITIZEN OF WHAT COUNTRY? US		
13. FATHER'S NAME: Eugene Griffin		14. MOTHER'S MAIDEN NAME: Josephine Chagnon			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes	(If year, give war or dates of service): WW I & II	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS: WIFE: Mae S. Griffin, same address		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Adenocarcinoma of descending colon — 1 yr.

Antecedent cause(s)

153

46e

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchopneumonia — 2 wk.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes XXX No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify): No	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6 July, 1949, to 30 Nov., 1949, that I last saw the deceased alive on 30 Nov., 1949, and that death occurred at 7:08P m., from the causes and on the date stated above.

SIGNATURE J. E. Hill (Degree or title) ADDRESS J.E. HILL, LTJG, MC, USN, U.S.NAVAL HOSPITA, BETHESDA, MARYLAND DATE SIGNED 12/20/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE	NAME OF CEMETERY OR CREMATORY: Arlington National	LOCATION (City, town, or county) (State): Arlington, Virginia
DATE REC'D BY LOCAL REG.: 12/20/49	REGISTRAR'S SIGNATURE: Elizabeth Willett	24. FUNERAL DIRECTOR: W.W.CHAMBERS, 1400 CHAPIN ST, WASHDC	ADDRESS

J.W.M.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

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DEC 23 1949
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10887

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6710 Brookville Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural, give location) 6710 Brookville Rd.

3. NAME OF DECEASED (Type or Print) (First) ROBERT (Middle) BRYAN (Last) GRIFFIN

4. DATE OF DEATH (Month) Nov. 12 (Day) (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Dec, 6, 1878
9. AGE last birthday 70 yrs. If under 1 year: Months 11 Days 6 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Accountant
10b. KIND OF BUSINESS OR INDUSTRY U.S. Gov't.
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Walter Griffin
14. MOTHER'S MAIDEN NAME Eleanor A. Bryan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS Mrs Norman B. L andreau (daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
	Immediate cause	(a) metastatic carcinoma	16 mo.
153	Antecedent cause(s)		
46e	Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma sigmoid	2 yrs.
		(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 1947
19b. MAJOR FINDINGS OF OPERATION carcinoma sigmoid
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1930, to Nov. 12, 1949, that I last saw the deceased alive on Nov 12, 1949, and that death occurred at 9 35 p m., from the causes and on the date stated above.

SIGNATURE (Degree or title) E. Knayle M.D. ADDRESS 1822 Biltmore St. N.W. Wash. D.C. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 11/15/49
NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery
LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REG. 11-13-49
REGISTRAR'S SIGNATURE Helen Kurwack
24. FUNERAL DIRECTOR Robert A. Humphrey ADDRESS Bethesda, Md.

RECEIVED
NOV 17 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

10888

Reg. Dist. No. 239

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel (rural) — LENGTH OF STAY (in this place) 1½ yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D. # 1

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel (rural)
STREET ADDRESS (If rural, give location) R.F.D. #1

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Reggie		Griffith	Nov	20	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	married	Jan 21 '93	56 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer		Maryland	U.S.A.

13. FATHER'S NAME Alfred Griffith — 14. MOTHER'S MAIDEN NAME Luddie Beatley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no	578-05-0842	Alta Griffith

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 **Immediate cause** (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: sudden death

940 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?		

22. *I certify that I took charge of the remains described above, held an Autopsy* ☐, *Inspection* ☒, *Inquiry* ☐ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Frank J. Broschart M.D.	Gaithersburg Md	11-20-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11/23/49	Fort Lincoln Cemetery	Colmar Manor, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov 22-49	M. Blakeare	Wm. J. Talley	3200 R.I. Ave. Mt. Rainier, Md.

Edwin Thompson

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
NOV 28 1949
BUREAU V. S.

10889

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223.

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington
STREET ADDRESS (If rural, give location) 31 Nash Place

3. NAME OF DECEASED (Type or Print) (First) Mr. (Middle) Albert Edwards (Last) Harris

4. DATE OF DEATH (Month) Nov. (Day) 29 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Jan. 27, 1872
9. AGE last birthday 77 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Government Worker
10b. KIND OF BUSINESS OR INDUSTRY ?
11. BIRTHPLACE (State or foreign country) Newark, N. J.
12. CITIZEN OF WHAT COUNTRY? America

13. FATHER'S NAME John A. Harris
14. MOTHER'S MAIDEN NAME Susie D. Edwards

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Washington Sanitarium Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

604 Immediate cause (a) Uremia

134b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Contracted Bladder

(c) Vesical Calculus, Cystitis Chronic

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Asthma

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to 11-29, 1949, that I last saw the deceased alive on 11-28, 1949, and that death occurred at 7 40 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Ferdinand Weleber, MD - 1835 I St NW Wash. D.C. NOV 29 1949

23. BURIAL CREMATION REMOVAL (Specify) DATE THEREOF Dec 1 1949 NAME OF CEMETERY OR CREMATORY Rock Creek Cem LOCATION (City, town, or county) Washington D.C. (State)

DATE REC'D BY LOCAL REG. 11/29/49 REGISTRAR'S SIGNATURE J W Dudley Deputy Reg

24. FUNERAL DIRECTOR S J Hines Co ADDRESS 2901-14-St NW Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 1 1949
BUREAU V. S.

10890

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney
LENGTH OF STAY (in this place) 45 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montgomery Co Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural, give location) Rockville Rt 1. Glen.

3. NAME OF DECEASED (Type or Print) (First) Gilbert J. (Middle) Henderson (Last)
4. DATE OF DEATH (Month) 11/11/ (Day) (Year) 1949

5. SEX M
6. COLOR OR RACE W
7. SINGLE, ~~MARRIED, WIDOWED, DIVORCED~~, (Specify)
8. DATE OF BIRTH 9/23/39
9. AGE last birthday 10 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School
10b. KIND OF BUSINESS OR INDUSTRY School
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY? WS

13. FATHER'S NAME Gilbert Henderson
14. MOTHER'S MAIDEN NAME Margaret Offutt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. No
17. INFORMANT Mrs Gilbert Henderson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute cardiac dilitolume — 4 days

Antecedent cause(s) (b) Chronic myocarditis — 9 years

422.2
93d

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 7/4, 1947, to 11/11/, 1949, that I last saw the deceased alive on 11/7/, 194, and that death occurred at 3.32 a m., from the causes and on the date stated above.

SIGNATURE J W Bird (Degree or title) M.D. ADDRESS Sandy Spring Md DATE SIGNED 11/11/49

23. ~~BURIAL, CREMATION REMOVAL~~ (Specify) Burial DATE 11-14-49 NAME OF CEMETERY OR CREMATORY St Marys LOCATION (City, town, or county) Rockville (State) Md

DATE REC'D BY LOCAL REG. 11-11-49 REGISTRAR'S SIGNATURE Gertrude B Lawler
24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS Bethesda, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Evidence for change of 8 & 9 shown on:

FILM No. G 123 NOV 30 1949 (over)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

10891

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington; LENGTH OF STAY (in this place) 5 Mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 64 Lincoln Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington
STREET ADDRESS (If rural, give location) 64 Lincoln Ave.

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) (Last) Heuman

4. DATE OF DEATH: (Month) Nov. (Day) 12 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: Nov. 7, 1852

9. AGE last birthday: 97 ~~96~~ yrs. If under 1 year: Months. 0 Days 5 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Henzie

14. MOTHER'S MAIDEN NAME: Mary Heinzelman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Robert J. Schmidt-grandson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pneumonia, hypostatic	36 hours
903.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Senility, & generalized arteriosclerosis	20 years
856a	(c) Fracture, neck of left femur	6 wks

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Home (CITY OR TOWN): Kensington (COUNTY) (STATE): Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): Sept. 28, 1949 m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? Stumbled & fell on floor. (12/1/49 a.s.)

22. I hereby certify that I attended the deceased from Sept. 29, 1949, to Nov. 12, 1949, that I last saw the deceased alive on Nov. 12, 1949, and that death occurred at 12:40 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Thomas G. H. Hindman, M.D. 6 W. Washington St., Kensington, Md.

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: 11/15/49

NAME OF CEMETERY OR CREMATORY: Potomac Church Cem.

LOCATION (City, town, or county) (State): Potomac Md.

DATE REC'D BY LOCAL REG. 11-13-49

REGISTRAR'S SIGNATURE: Helen Kovacs

24. FUNERAL DIRECTOR: Robert A. Humphrey ADDRESS: Bethesda, Md.

Evidence for addition of
#21 shown on:

FILM No. G 12 DEC 1 - 1949

RECEIVED
NOV 17 1949
BUREAU OF I. D.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

10892

Reg. Dist. No. 215

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda (rural)
LENGTH OF STAY (In this place): 5 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
STREET ADDRESS (If rural, give location): 11900 Colin Road

3. NAME OF DECEASED (Type or Print): (First) MICHAEL (Middle) EDISON (Last) HILL

4. DATE OF DEATH: (Month) Nov (Day) 8 (Year) 1949

5. SEX: M

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 2-3-47

9. AGE last birthday: 2 yrs. — If under 1 year: Months 9 Days 5 — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country):

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Francis Edison Hill

14. MOTHER'S MAIDEN NAME: Mary E Armistead

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY No.:

17. INFORMANT:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Shock due to — 5 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 1st 2nd & 3rd degree burns involving face head and extremities

916.0
181

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: home — (CITY OR TOWN) Silver Spring — (COUNTY) Monty — (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour): Nov 8 49 2 P m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? gasoline explosion

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Frank J. Borchart M.D. — Gaithersburg Md — 11-8-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 11-11-49 — NAME OF CEMETERY OR CREMATORY: Arlington National — LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG. 11-9-49 — REGISTRAR'S SIGNATURE: Elizabeth Willett — Elizabeth Willett

24. FUNERAL DIRECTOR — ADDRESS: W.W. CHAMBERS 3072 M Street, NW, Wash DC

J.S.

RECEIVED
NOV 16 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10893

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: MONTGOMERY — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BETHESDA, RURAL
LENGTH OF STAY (in this place): 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: DISTRICT COLUMBIA — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: WASHINGTON
STREET ADDRESS (If rural, give location): 203 2nd St, SW

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
CARL	McLAINE	HOWARD	11-6-49		19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
MALE	NEGRO	MARRIED	8-18-17	32 yrs.	2	18		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Unemployed		North Dakota	US

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
CHARLES HOWARD	KATIE STRICKLING

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
WW II			WIFE: ALEASE HOWARD SAME ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 **Immediate cause** (a) CORONARY THROMBOSIS

Antecedent cause(s)

940 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ XXX☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Dey) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 1 November 19 49, to 6 November 19 49, that I last saw the deceased alive on 6 November, 19 49, and that death occurred at 9:15 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J.R. SHANAHAN LTJG, MC, USN, NAVAL HOSPITAL, BETHESDA, MARYLAND 11-7-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11/10/49	ARLINGTON NATIONAL	ARLINGTON VIRGINIA

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11-9-49	Elizabeth Willett	W.E. Jarvis	1432 U Street, NW, Wash DC

22 L H.

RECEIVED
NOV 16 1949
BUREAU V. S.

10894

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital 8600 Old Georgetown Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural, give location) Route #1

3. NAME OF DECEASED (Type or Print) (First) Thomas ~~Baby~~ (Middle) ~~Boy~~ Jerry (Last) Howard

4. DATE OF DEATH (Month) 11 (Day) 19 (Year) 1949

5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 11-18-49
9. AGE last birthday yrs. If under 1 year Months. Days If under 24 hrs. Hours 7 Min. 38

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Richard U. Howard
14. MOTHER'S MAIDEN NAME Pearl Mae Howard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Pearl Mae Howard R.R. #1 Rockville, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Anoxia

773.5 Antecedent cause(s)

159 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Prematurity (6½ mos. gestation)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 18 nov., 1949, to 19 nov., 1949, that I last saw the deceased alive on 19 nov., 1949, and that death occurred at 12:01 A.m., from the causes and on the date stated above.

SIGNATURE Charles R. Hughes, M.D. (Degree or title) ADDRESS Silver Spring, md. DATE SIGNED 19 nov. 49.

23. BURIAL, CREMATION REMOVAL (Specify) Cremation
DATE 11-21-49
NAME OF CEMETERY OR CREMATORY SUBURBAN HOSPITAL
LOCATION (City, town, or county) Bethesda (State) MD

DATE REC'D BY LOCAL REG. 11-23-49
REGISTRAR'S SIGNATURE Helen Kurvack
24. FUNERAL DIRECTOR A.B. Solon / Supt ADDRESS 8600 OLD Georgetown Bethesda MD

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
NOV 26 1949
BUREAU V. S.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10895

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park — LENGTH OF STAY (in this place): 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Wash. San + Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Olney
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First) Jennie (Middle) May (Last) Howe.
4. DATE OF DEATH (Month) Nov (Day) 9 (Year) 1949
5. SEX: Fem
6. COLOR OR RACE: White
7. ~~SINGLE, MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH: Feb 5 1868
9. AGE last birthday: 81 yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home.
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Worcester NY
12. CITIZEN OF WHAT COUNTRY: U.S.
13. FATHER'S NAME: Menzo Crippen
14. MOTHER'S MAIDEN NAME: Mary A Bishop
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Wash San Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331 Immediate cause (a) Cerebral Hemorrhage — 11/7/49

Antecedent cause(s)

83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension — since 1935

(c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. Hypostatic pneumonia — 1 day.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 15, 1935, to Nov 9, 1949, that I last saw the deceased alive on 11/9/49, and that death occurred at 6 24 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Howard T Morse MD 28 Carroll Ave., Takoma Park, Md 11/9/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: November 12, 1949 — NAME OF CEMETERY OR CREMATORY: Cedar Hill Cemetery — LOCATION (City, town, or county) (State): Pa. Ave at Dist Line Pr. Geo. Co. Md.

DATE REC'D BY LOCAL REG.: 11/9/49 — REGISTRAR'S SIGNATURE: J Wilson Dodd

24. FUNERAL DIRECTOR — ADDRESS: J. Arthur Walters, 254 Carroll St. NW. D.C.

RECEIVED
NOV 10 1949
BUREAU V. S.

Evidence for change in 22 shown on:

FILM No. G 12 DEC 5 1949

10896

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (In this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS 615 Lycoming St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 615 Lycoming St.

3. NAME OF DECEASED (Type or Print) (First) Gisella (Middle) (Last) Hubers

4. DATE OF DEATH (Month) Nov (Day) 9 (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Feb. 17, 1909
9. AGE last birthday 40 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Austria
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Samuel Gaf
14. MOTHER'S MAIDEN NAME Alouise

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT Gottlieb Huber - Husband

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

974 Immediate cause (a) Asphyxia by hanging

164a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: Found dead hanging in garage at home

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, ~~accident~~ ☒, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Broschart M.D. [12/5/49 ahc] (Degree or title) ADDRESS Gaithersburg Md DATE SIGNED 11-9-49

23. BURIAL, CREMATION REMOVAL (Specify) Removal & Burial
DATE THEREOF Nov. 12, 1949
NAME OF CEMETERY OR CREMATORY Lorraine Park Cemetery
LOCATION (City, town, or county) Woodlawn (State) Maryland
DATE REC'D BY LOCAL REG. 11/10/49
REGISTRAR'S SIGNATURE J. Arthur Dodd
24. FUNERAL DIRECTOR Warner E. Pumphrey, Jr. ADDRESS Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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NOV 14 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

10897

Reg. Dist. No. 217

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH · COUNTY: Monty. · MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Olney
LENGTH OF STAY (In this place): Dead on arrival
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Monty Co. Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland · COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring (rural)
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Harry (Middle) (Last) Jackson

4. DATE OF DEATH: (Month) Nov (Day) 15 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify): S

8. DATE OF BIRTH: May 16, 1930

9. AGE last birthday: 19 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Benjamin Jackson

14. MOTHER'S MAIDEN NAME: Clara Brooks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No. No

16. SOCIAL SECURITY NO.:

17. INFORMANT: Benjamin Jackson (Father).

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Thoracic hemorrhage due to — 2 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) shot gun wound in upper back

919.1
184

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, OF office, bldg., etc.) INJURY: Farm
(CITY OR TOWN) Silver Spring R.F.D. (COUNTY) Monty. (STATE) Md

TIME OF INJURY (Month) Nov (Day) 15 (Year) 49 (Hour) 2 P.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? gun discharged while climbing fence

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Edward J. Broschart (Degree or title) M.D. ADDRESS: Gaithersburg Md DATE SIGNED: 11-15-49

23. BURIAL ☒ CREMATION ☐ REMOVAL (Specify) | DATE THEREOF: 11/19/49 | NAME OF CEMETERY OR CREMATORY: Good Hope | LOCATION (City, town, or county): Colesville (State): Md

DATE REC'D BY LOCAL REG.: 11-19-49 | REGISTRAR'S SIGNATURE: Gertrude B Fawler

24. FUNERAL DIRECTOR: R.L. Snowden ADDRESS: Rockville, Md.

VS. A15A

RECEIVED
NOV 26 1949
U.S. PATENT OFFICE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10898

CERTIFICATE OF DEATH

Reg. Dist. No. 2-17

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Montgomery — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Norbeck — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Dr. Sewell's Maternity

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Monty.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colesville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Patrick (Middle) (Last) Jackson

4. DATE OF DEATH: (Month) November (Day) 14 (Year) 1949

5. SEX: Male — 6. COLOR OR RACE: C — 7. SINGLE, ~~MARRIED, WIDOWED, DIVORCED~~, (Specify) — 8. DATE OF BIRTH: Nov 12 49 — 9. AGE last birthday: 38 hours — If under 1 year: Months. Days 1 — If under 24 hrs.: Hours Min. 38

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant — 10b. KIND OF BUSINESS OR INDUSTRY — 11. BIRTHPLACE (State or foreign country): Norbeck Md — 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Floyd L Jackson — 14. MOTHER'S MAIDEN NAME: Margaret J. Jackson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If year, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage

760.0 Antecedent cause(s)

160.0 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Baby showed evidence of distress at birth.

(c) Baby became ill Sunday November 13 and suddenly became blue and expired Nov. 14th.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes No

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) no — PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY none — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 12, 1949, to Nov 14, 1949, that I last saw the deceased alive on Nov 14, 1949, and that death occurred at 12:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Webster Sewell M.D. Norbeck Md. Nov 16 49

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE 11/19/49 — NAME OF CEMETERY OR CREMATORY Round Oak Church — LOCATION (City, town, or county) (State) Sherwood, Md.

DATE REC'D BY LOCAL REG. 11-19-49 — REGISTRAR'S SIGNATURE Gertrude B Lawler — 24. FUNERAL DIRECTOR — ADDRESS R. L. Snowden, Rockville, Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

10899

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
LENGTH OF STAY (In this place): 20 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: West Virginia — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Parkersburg
STREET ADDRESS (If rural, give location): 1748 East 7th Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Frank	Lewis	JENKINS	NOV	23	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Single	10-15-29	20 yrs.	1	8		

10a. USUAL OCCUPATION (Give kind of wnrk done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Seaman	U.S. NAVY	Standard, West Virginia	US

13. FATHER'S NAME: George Clyde Jenkins

14. MOTHER'S MAIDEN NAME: Pearl Morrison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY No.:

17. INFORMANT: Father: George Clyde Jenkins same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Shock — Peritonitis	3½ days
Antecedent cause(s) Diseases nr conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Rupture of small intestine	
	(c)	

812.5
170C

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: fracture (compound) Rt & Left tibia

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: highway	(CITY OR TOWN)	(COUNTY)	(STATE)
		Patuxent River,	St Marys	md

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
11-19-49 10:30Pm.		Struck by car while walking highway

22. *I certify that I took charge of the remains described above, held an Autopsy* ☒, *Inspection* ☐, *Inquiry* ☐ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☐, *accident* ☒, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank J. Borchard M.D.		Gaithersburg md	11-23-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial		Montgomery Memorial Park,	London, W. Virginia.

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/25/49	Elizabeth Willett	Wastler Funeral Home,	30, East Capitol St

Hoyt W. Wastler

RECEIVED
NOV 29 1949
BUREAU V. S.

10200

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney — LENGTH OF STAY (in this place) 8 da.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Simpsonville
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montgomery County General Hospital	STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print)	(First) Frank	(Middle)	(Last) Jones	4. DATE OF DEATH	(Month) 11 (Day) 10 (Year) 1949
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 11-8-1886	9. AGE last birthday 63 yrs.	If under 1 year Months / Days 2 — If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm - laborer	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Ellicott City - Maryland	12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME William H. Jones			14. MOTHER'S MAIDEN NAME Emma Wilson		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Kate Jones		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Uremia	3 days
446 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) nephrosclerosis	2 weeks
61	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. diabetes mellitus — 10 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 5, 1949, to Nov 10, 1949, that I last saw the deceased alive on Nov 10, 1949, and that death occurred at 10:45 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Charles S. Whitaker, M.D.		Clarksville, Md.	11-10-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	11-13-49	Gaines Chapel	Elkridge	md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR.	ADDRESS
Nov. 12, 1949	John B. Loughran Per B.E.L. Gertrude B. Pawler	F. C. Higinbotham	Ellicott City Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10901

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital 8600 Old Georgetown Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring, Md
STREET ADDRESS (If rural, give location) 2015 Osborn Dr

3. NAME OF DECEASED (Type or Print): (First) James (Middle) David H. (Last) Kelly

4. DATE OF DEATH: (Month) Nov (Day) 18 (Year) 1949

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower

8. DATE OF BIRTH: 20 Sept 1893

9. AGE last birthday: 56 yrs. — If under 1 year: Months / Days / Hours — If under 24 hrs.: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Accountant

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Government

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Kelly

14. MOTHER'S MAIDEN NAME: Ella C Murphy.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If year, give war or dates of service): 1917

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Daughter 2015 Osborn Dr, SS Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Uremia	1 week
Antecedent cause(s) 446 — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 131a	(b) Nephrosclerosis	6 mo's
	(c) Arteriosclerosis	10 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Congestive Heart Failure, from myocardial Infarction

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None	—	Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
None	—	—	—	—

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While at work ☐	HOW DID INJURY OCCUR?
— m.		—

22. I hereby certify that I attended the deceased from 30 Sept, 1949, to 18 Nov, 1949, that I last saw the deceased alive on 17 Nov, 1949, and that death occurred at 5:00 A.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Morton L. White	M.D.	9715 Georgia Ave, Silver Spring Md	18 Nov 49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal & Burial	11/18/49		Tampa Florida

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11-18-49	Ellen Kovacs	Warner E. Pumphrey, Inc.	Silver Spring, Md.

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NOV 22 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

10902

Reg. Dist. No. 215

1. PLACE OF DEATH COUNTY: Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: MARYLAND COUNTY: P.G.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Bethesda, Rural — LENGTH OF STAY (in this place): 17 hours	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): SUNNY BROOK
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. NAVAL HOSPITAL	STREET ADDRESS (If rural, give location): 5437 SPRING ROAD

3. NAME OF DECEASED (Type or Print)	(First) Isaac	(Middle) (n)	(Last) LAMBERT	4. DATE OF DEATH	(Month) Nov. 30, (Day) 1949 (Year) 19
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower	8. DATE OF BIRTH: 7-16-1866	9. AGE last birthday: 83 yrs.	If under 1 year: Months 4, Days 14; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Govt employee	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country): Washington, D.C.	12. CITIZEN OF WHAT COUNTRY? US		
13. FATHER'S NAME: Unknown		14. MOTHER'S MAIDEN NAME: Unknown			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If year, give war or dates of service): SA	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS: Son: Walter Lambert, same address			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Thrombosis of Basilar Artery with Infarcts of Pons	24-36 hrs
420.1 Antecedent cause(s)	(b) Generalized and Coronary Arteriosclerosis	years
131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Nephosclerosis and Cerebral Arteriosclerosis	years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? XXX Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 29 Nov., 1949, to 30 Nov., 1949, that I last saw the deceased alive on 30 Nov., 1949, and that death occurred at 3:15 P m., from the causes and on the date stated above.

SIGNATURE: Wade H. Boswell (Degree or title) ADDRESS: W.H. BOSWELL, LT, MC, USN, U.S. NAVAL HOSPITAL, BETHESDA, MD. DATE SIGNED: 12-3-49

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL	DATE: 12-5-49	NAME OF CEMETERY OR CREMATORY: Arlington National	LOCATION (City, town, or county) (State): Arlington, Virginia
DATE REC'D BY LOCAL REG.: 12-[illegible]-49	REGISTRAR'S SIGNATURE: Elizabeth Willett	24. FUNERAL DIRECTOR: W.J. NALLEY, 3200 Rhode Island Ave. NE Washington, D.C.	ADDRESS

W. L. Nalley

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 10 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

10903

Reg. Dist. No. 214

Montg.

1. PLACE OF DEATH- COUNTY Jolliffes Nursing Home MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Virginia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colesville — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Route I Falls Church V.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Jolliffe Nursing Home	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) Willis	(Middle) H.	(Last) Liggon	4. DATE OF DEATH	(Month) Nov. (Day) 29 (Year) 1949
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH March 28 1887	9. AGE last birthday 62 yrs.	If under 1 year Months. Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Linen Keeper	10b. KIND OF BUSINESS OR INDUSTRY Arlington Hospital	11. BIRTHPLACE (State or foreign country) Lynchburg, VA.	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Willis N. Liggon		14. MOTHER'S MAIDEN NAME Mary Williams			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS Jolliffe Nursing Home - Colesville			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebro-Vascular accident	15 days
331 Antecedent cause(s)		
83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized arteriosclerosis	
	(c) and hypertension	2 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-28, 1949, to 11-29, 1949, that I last saw the deceased alive on 11-29, 1949, and that death occurred at 3 59 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[signature]		9601 Sutton Rd Silver Spring Md	11-29-49

23. BURIAL, CREMATION REMOVAL (Specify) Removal	DATE 12/4/49	NAME OF CEMETERY OR CREMATORY —	LOCATION (City, town, or county) (State) Lynchburg Virginia
DATE REC'D BY LOCAL REG. 11/29/49	REGISTRAR'S SIGNATURE Frances Potter	24. FUNERAL DIRECTOR Removal by 254 J. Arthur Walters By [illegible]	ADDRESS CARROLL St.

To: Pearson's Funeral Home - Falls Church N. VA.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 2 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

10904

Reg. Dist. No. 2-2-3

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park — LENGTH OF STAY (In this place): 2 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Ward Hosp. & Sanatarium

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
STREET ADDRESS (If rural, give location): 9812 Brunkette Ave

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Nellie	Theresa	Lloyd	Nov	13	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Married	Feb 14 1899	60 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife		Wash. DC	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Roger David	Mary O'Leary

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT
		Mrs Margaret Ortman

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hemorrhage due to fracture of skull	3½ hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

825.5
170 C

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Fracture of left clavicle and rt forearm

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: highway	(CITY OR TOWN)	(COUNTY)	(STATE)
		Silver Spring	Monty	Md

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR?
Nov 13 49 7 P.m.		auto accident

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank J. Brockhurst	M.D.	Gaithersburg Md	11-13-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	11/16/49	Mt Olivet	Washington	D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/15/49	J. William Doll	J. William Lee Sons Co.	300 - 4½ St N.E. Wash. D.C.

RECEIVED
NOV 16 1949
TO PJAU V.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2231

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park, Md. LENGTH OF STAY (in this place) 2 mo - 12 da
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. San + Hosp - Wash. 12, D.C.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Penn. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Darby, Pa.
STREET ADDRESS (If rural, give location) 415 Woodcliff Rd.

3. NAME OF DECEASED (Type or Print) (First) Bertha (Middle) Eleanor (Last) Mac Bride
4. DATE OF DEATH (Month) Nov. (Day) 2 (Year) 1949
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH 9-9-80
9. AGE last birthday 68 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Asw.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) British West Indies
12. CITIZEN OF WHAT COUNTRY? British
13. FATHER'S NAME Horatio F. Howard
14. MOTHER'S MAIDEN NAME Eleanor Samuel
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Admission record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Terminal Uremia

		INTERVAL BETWEEN ONSET AND DEATH
170 Immediate cause	(a) Arteriosclerotic Heart Disease & Renal Disease	years
50 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Possible Carcinoma left breast	months
	Thrombosis leg veins with possible pulmonary embolism	days
	(c) Calcified Abdominal Mass.	months

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept., 1949, to Nov. 2, 1949, that I last saw the deceased alive on 11-2, 1949, and that death occurred at 2:55 p m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
De Voe K. Meade M. D. Takoma Park, 12 Md. Nov. 2 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Nov. 5, 1949
NAME OF CEMETERY OR CREMATORY Mt. Moriah Cemetery
LOCATION (City, town, or county) (State) Philadelphia, Pa.
DATE REC'D BY LOCAL REG. 11/3/49
REGISTRAR'S SIGNATURE J. Wilson Dodd
24. FUNERAL DIRECTOR [illegible] Pallas ADDRESS 254 Carroll St. N.W. Takoma Park, 12, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

10906

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2231

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place) 13 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS 209 Holly Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Mont.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
STREET ADDRESS (If rural, give location) 209 Holly Avenue

3. NAME OF DECEASED (Type or Print) (First) Arthur (Middle) (none) (Last) Marston

4. DATE OF DEATH (Month) Nov. (Day) 25 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH July 4, 1864
9. AGE last birthday .85 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Minister
10b. KIND OF BUSINESS OR INDUSTRY Clergyman
11. BIRTHPLACE (State or foreign country) England
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Richard Marston
14. MOTHER'S MAIDEN NAME Mildred Bright

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT Mrs. Henrietta Shirley Marston - (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
	Immediate cause	(a) Broncho pneumonia	16 days
491	Antecedent cause(s)		
107	Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
		(c) Senility	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/7, 1949, to 11/25, 1949, that I last saw the deceased alive on 11/24, 1949, and that death occurred at 2:50 A.m., from the causes and on the date stated above.

SIGNATURE Bruce P. Benjamin (Degree or title) M.D. ADDRESS Bethesda 14 Maryland DATE SIGNED 11/25/49

23. BURIAL, CREMATION REMOVAL, (Specify) Burial
DATE November 29, 1949
NAME OF CEMETERY OR CREMATORY Evergreen Cemetery
LOCATION (City, town, or county) El Paso, (State) Texas

DATE REC'D BY LOCAL REG. 11/25/49
REGISTRAR'S SIGNATURE J. Wilson Dodd
24. FUNERAL DIRECTOR J. Arthur Walters, 254 Carroll St. NW. ADDRESS D.C.

"ashington,

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 29 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

10907

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15-1

1. PLACE OF DEATH: COUNTY: Montgomery; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park
LENGTH OF STAY (in this place): 9 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington San. & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: New York; COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: New York
STREET ADDRESS (If rural, give location): 245 West 107th Street

3. NAME OF DECEASED (Type or Print): (First) Margaret (Middle) (none) (Last) Martin

4. DATE OF DEATH: (Month) Nov. (Day) 26 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Sept 21, 1866

9. AGE last birthday: 83 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Auburn New York

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Madden

14. MOTHER'S MAIDEN NAME: Margaret Elward

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Margaret Buck 3937 Huntington St. Washington D.C. NW

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4143 Immediate cause (a) Congestive Cardiac Failure — Interval Between Onset and Death: 2 hours

Antecedent cause(s)

61 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypertension — Years

(c) Cardio-Vasc. Disease — Years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Hemorrhage Diabetes Mellitus

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 19, 1949, to Nov 26, 1949, that I last saw the deceased alive on Nov 26, 1949, and that death occurred at 3:10 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Robert A Hare M.D. ADDRESS: Takoma Park, Md. DATE SIGNED: 11/26/49.

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: 11/29/49
NAME OF CEMETERY OR CREMATORY: St Joseph's Cem
LOCATION (City, town, or county) (State): Auburn, N.Y.

DATE REC'D BY LOCAL REG.: 11/26/49
REGISTRAR'S SIGNATURE: J. Nolan DSH

24. FUNERAL DIRECTOR: Francis J. Collins ADDRESS: 3821-14th St. N.W. Wash. D.C.

RECEIVED
NOV 29 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10908

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Montgomery Co
City or town Glen Cove Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 7 yrs
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Montgomery Co
City or town Glen Cove Md.
(If outside city or town limits, write RURAL and give nearest town)
Street No. 5002 - Newport St.
(If rural, give LOCATION)
2.(a) If veteran, name war No

3.(a) FULL NAME Laura C. Massey

3.(b) Social Security Number No.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6.(b) Name of husband or wife William C Massey
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Jan 28, 1872.

8. AGE: Years	Months	Days	If less than one day
77			hrs. min.

9. Birthplace North Carolina
(Town, county, and state)
10. Usual occupation at Home
11. Industry or business —

FATHER
12. Name William Harrison Boal
13. Birthplace N. C

MOTHER
14. Maiden name Unknown
15. Birthplace

16. Informant Rowena McDaniel
Address 5002 Newport ave.

17. ..... (Burial, cremation, or removal. Which?) Date thereof Nov. 7, 1949 (month) (day) (year)

Cemetery or crematory .....
Location Winston-Salem N. C.

18. Funeral director Henry Chase Funeral Home
Address 5101 Wis ave. N.W. D.C.

19. 11-7-49 (Date rec'd by registrar) 19 ..... Helen Hervach Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 6 1949 at 9:35 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from July 12 1949, to Nov. 6 1949; and that I last saw her alive on Nov. 6 1949

	DURATION
Immediate cause of death Carcinoma of Cecum	6 mos.
Due to	
Due to	
Other conditions	

153
(Include pregnancy within 3 months of death)
462
Major findings of operations None
Date of op. .....
Autopsy results None
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of .....
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury ..... Injured at work?

23. SIGNATURE F. M. McChesney M.D.
M. D. or other
Address 4620 - 36th St. NW Date signed Nov. 6/49

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

10909

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 5505 Montgomery Sh.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington; STREET ADDRESS (If rural, give location) 1911 E St N.W.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Percy		McCray	Nov	11	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	col	Married	Dec. 8, 1901	47 yrs.	11	3		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer		North Carolina	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James A. McCray	Mary M. McCullum

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	577-12-1116	Mrs. Percy McCray - Wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	sudden death
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 940	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank L. Brashear M.D.		Gaithersburg Md	11-11-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11-17-49		Marston N.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11-11-49	Helen Jeanroth	W. Ernest Garrett	1432 York Rd Towson

RECEIVED
NOV 17 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

10910

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS N.S. Route 240 - near D.C. line Bethesda Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) 5522 Bradley Blvd

3. NAME OF DECEASED (Type or Print) (First) Francis (Middle) J. (Last) McKee

4. DATE OF DEATH (Month) Nov (Day) 4 (Year) 1949

5. SEX M
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 2-20-29
9. AGE last birthday 20 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Erie, Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Leo T. McKee
14. MOTHER'S MAIDEN NAME Anne Cornwell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) W.W. II (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Frances C. Hayes - Aunt

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

825.5 Immediate cause (a) Cerebral hemorrhage due to
170 C Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) fracture of skull
(c)

INTERVAL BETWEEN ONSET AND DEATH: Killed instantly

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY highway (CITY OR TOWN) Bethesda (COUNTY) Monty (STATE) Md
TIME OF INJURY (Month) 11 (Day) 4 (Year) 49 (Hour) 1A m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Auto accident

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Frank J. Broschart M.D. ADDRESS Gaithersburg, Md DATE SIGNED 11-4-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 11/7/49
NAME OF CEMETERY OR CREMATORY Arlington National Cem
LOCATION (City, town, or county) Arlington (State) Va.

DATE REC'D BY LOCAL REG. 11-5-49
REGISTRAR'S SIGNATURE W.E. Jobes
24. FUNERAL DIRECTOR [signature]
ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
OCT 6 1939
BUREAU V. S.

10911

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:

County MONTGOMERY

City or town Takoma Park Md
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 12 days

Hospital, Institution, or street address where death occurred: 11 Philadelphia Avenue

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State D C, County

City or town Washington
(If outside city or town limits, write RURAL and give nearest town)

Street No. 1422 Rhode Island Ave NW
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME CHARLOTTE MILES

3. (b) Social Security Number ----------

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	W

6.(b) Name of husband or wife Henry R. Miles

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) July 21, 1860

8. AGE: Years	Months	Days	If less than one day
89	3	20	..... hrs. ..... min.

9. Birthplace North Fairfield, Ohio
(Town, county, and state)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Morris F. Ketcham
13. Birthplace Rochester, N.Y.

MOTHER
14. Maiden name Helen A. Wilkinson
15. Birthplace Waterloo, N.Y.

16. Informant Mrs. Helen M. Davis
Address 1422-R.I. Ave. N.W. Wash. D.C.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 14, 1949 (month) (day) (year)

Cemetery or ~~Crematory~~ Oak Hill Cemetery

Location Washington, D.C.

18. Funeral director J. H. Hines Co

Address 2901-14th St. N.W. Wash. D.C.

19. 11/12 1949 (Date rec'd by registrar) J. Hilton Dodd Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 11 1949, at 9 05 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 2 1949, to November 11 1949 and that I last saw her alive on November 11 1949

Immediate cause of death Cerebral Hemorrhage — DURATION 4 days

Due to Arteriosclerosis

Due to

Other conditions Diabetes mellitus

331
61
(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Elizabeth Chickering M.D. M. D. or other

Address 3601 Connecticut Ave Washington D.C. Date signed Nov 11, 49

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 14 1989
MAILROOM U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10912

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY MONTGOMERY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Colesville, Md.
LENGTH OF STAY (In this place) 4 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS JOLLIFFE NURSING HOME

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY MONTGOMERY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SILVER SPRING
STREET ADDRESS (If rural give location) 1112 SEMINARY RD.

3. NAME OF DECEASED (Type or Print): (First) HAROLD (Middle) D. (Last) MILLER

4. DATE OF DEATH: (Month) 11 (Day) 11 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: 24 July 1869

9. AGE last birthday: 80 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Golf Professional

10b. KIND OF BUSINESS OR INDUSTRY: Golf

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: William Johnson Miller

14. MOTHER'S MAIDEN NAME: Phlima Jane Spicer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: HOSPITAL RECORDS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Apoplexy — Interval Between Onset and Death: 11 days

334 Antecedent cause(s)

83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral Arteriosclerosis — 1 yr

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 30 Oct., 1949, to 11 Nov., 1949, that I last saw the deceased alive on 11 Nov., 1949, and that death occurred at 7:25 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Morton L. White ADDRESS: 9715 Georgia Ave Silver Spring DATE SIGNED: 11 Nov 49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 11/14/49 — NAME OF CEMETERY OR CREMATORY: Cedar Hill Cemetery — LOCATION (City, town, or county) (State): Prince George County, Md.

DATE REC'D BY LOCAL REG.: Nov 13 1949 — REGISTRAR'S SIGNATURE: J. Wilson Dodd

24. FUNERAL DIRECTOR: Warner E. Pumphrey Jr. ADDRESS: Silver Spring, Md.

Evidence for change of age shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10913

FILM No. G-122 NOV 17 1949

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS ----------

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural give location) 14 Oxford St.,

3. NAME OF DECEASED (Type or Print): (First) JESSE (Middle) I (Last) MILLER

4. DATE OF DEATH: (Month) NOV (Day) 9 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: 7-12-1891

9. AGE last birthday: 57 58 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lawyer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Kentucky

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Isaiah Jacob Miller

14. MOTHER'S MAIDEN NAME: Ella Jennie Fowler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) WW-I (If yes, give war or dates of service) WW-2

16. SOCIAL SECURITY NO.

17. INFORMANT: Jesse I. Miller Jr.--Son

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

334 Immediate cause (a) ~~Cerebral Hemorrhage~~ Apoplexy

83a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arterio Sclerosis

(c)

INTERVAL BETWEEN ONSET AND DEATH: Sudden ~~Minutes~~ Few years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 15, 1949, to ---, 19---, that I last saw the deceased alive on Nov 3, 1949, and that death occurred at 8 30 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Harry M Kaufman The Shoreham Hotel Nov 9/49

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) DATE THEREOF 11/11/1949 NAME OF CEMETERY OR CREMATORY Washington Newbern Cem. LOCATION (City, town, or county) Wash., DC (State)

DATE REC'D BY LOCAL REG. 11-9-49 REGISTRAR'S SIGNATURE Clifton Runnels

24. FUNERAL DIRECTOR ADDRESS W. S. Rawlers Sons, Wash. DC.

VS. A15

1949
U. S.

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10914

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 1 yr. mo. 9
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Sanitarium and Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington COUNTY D.C.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 2831 Chesterfield place N.W.
STREET ADDRESS (If rural, give location) Wash. D.C.

3. NAME OF DECEASED (Type or Print) (First) Julia (Middle) H. (Last) Miller
4. DATE OF DEATH (Month) 11 (Day) 28 (Year) 1949
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH 6/17/1881
9. AGE last birthday 68 yrs. If under 1 year Months 5 Days 11 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Wash. D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Mr. John Chism
14. MOTHER'S MAIDEN NAME Miss Laura Burt.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT (Chart) D. Gorcig

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
450.0	Immediate cause	(a) Ulcerative Diverticulitis of Colon	? weeks
97	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized Arteriosclerosis	years.
		(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec, 1947, to Nov 28, 1949, that I last saw the deceased alive on Nov 28, 1949, and that death occurred at 7:09 P.m., from the causes and on the date stated above.

SIGNATURE Robert A. Hare M.D. (Degree or title) ADDRESS Takoma Park, Md. DATE SIGNED 11/28/49

23. BURIAL CREMATION REMOVAL (Specify) DATE THEREOF 11/30/49 NAME OF CEMETERY OR CREMATORY Fort Lincoln Cem. LOCATION (City, town, or county) Pr. George's (State) Md

DATE REC'D BY LOCAL REG. 11/28/49 REGISTRAR'S SIGNATURE J. Wilson Dodd
24. FUNERAL DIRECTOR The J. H. Hines Co. ADDRESS 2901-14th St. N.W. Wash. D.C.

RECEIVED
DEC 1 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10915

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
LENGTH OF STAY (in this place): 26 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND — COUNTY: PG.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: LANDOVER HILLS
STREET ADDRESS (If rural, give location): 4803 Woodlawn Drive

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Perry (Last) MILLER

4. DATE OF DEATH: (Month) Nov (Day) 21 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 3-12-03

9. AGE last birthday: 46 yrs. If under 1 year: Months 8, Days 9; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Telgraph technician

10b. KIND OF BUSINESS OR INDUSTRY: Western Union

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Richard Miller

14. MOTHER'S MAIDEN NAME: Nellie Perry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If year, give war or dates of service): WWII

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Wife: Jeanette Miller same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma, Bronchogenic with widespread metastasis

162 Antecedent cause(s)

47c Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes XXX No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 25 October 1949, to 21 Nov. 1949, that I last saw the deceased alive on 21 Nov. 1949, and that death occurred at 10:50 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

R.J. McCarthy LTJG, MC, USN, U.S. NAVAL HOSPITAL, BETHESDA, MD 11/25/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 11-25-49 — NAME OF CEMETERY OR CREMATORY: Arlington National — LOCATION (City, town, or county) (State): Arlington Virginia

DATE REC'D BY LOCAL REG. 11/25/49 — REGISTRAR'S SIGNATURE: Elizabeth Willett

M. FUNERAL DIRECTOR: Joseph Gawler, 1756 Pennsylvania Ave Wash DC — ADDRESS

J.E.H.

RECEIVED
NOV 29 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

10916

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Montgomery; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
LENGTH OF STAY (in this place): 6 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 907 Pershing Dr

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
STREET ADDRESS (If rural, give location): 907 Pershing Dr

3. NAME OF DECEASED (Type or Print): (First) Theodore (Middle) A (Last) Mohler Jr.

4. DATE OF DEATH: (Month) Nov (Day) 15 (Year) 1949

5. SEX: Male (MALE)

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug 7 1907

9. AGE last birthday: 42 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mail Carrier

10b. KIND OF BUSINESS OR INDUSTRY: Govt. Post Office

11. BIRTHPLACE (State or foreign country): W. Va

12. CITIZEN OF WHAT COUNTRY? U. S. A

13. FATHER'S NAME: Theodore A Mohler

14. MOTHER'S MAIDEN NAME: Ada Alice McAleer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Ethel Mohler

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Asphyxia by hanging

9744 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

1640 (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: found hanging to back door.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE: Frank J. Borchart (Degree or title) M.D. ADDRESS: Gaithersburg Md DATE SIGNED: 11-15-49

23. BURIAL, CREMATION, REMOVAL (Specify): Removal

DATE THEREOF: Nov 17 1949

NAME OF CEMETERY OR CREMATORY: ?

LOCATION (City, town, or county) (State): Youngstown, Ohio

DATE REC'D BY LOCAL REG.: 11/16/49

REGISTRAR'S SIGNATURE: J Milton Dodd

24. FUNERAL DIRECTOR: Warner C. Pumphrey ADDRESS: 8434 Ga. Ave., Silver Spring, Md.

RECEIVED
NOV 17 1949
BUREAU T. S.

Evidence for change of birth date is on:
FILM No. G 122 NOV 16 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

10917

Reg. Dist. No. 21C

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 804 Grandin Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural give location) 804 Grandin Ave.

3. NAME OF DECEASED (Type or Print) (First) JULIA (Middle) L. (Last) MOULDEN

4. DATE OF DEATH (Month) (Day) (Year) Nov. 6, 1949

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH March 26, 1872

9. AGE last birthday 72 yrs. If under 1 year Months 7 Days 10 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dressmaker

10b. KIND OF BUSINESS OR INDUSTRY Own

11. BIRTHPLACE (State or foreign country) Rockville, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Eli Moulden

14. MOTHER'S MAIDEN NAME Martha ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY No. None

17. INFORMANT Atlee Burroughs- Nephew

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
420.1	Immediate cause	(a) CORONARY THROMBOSIS	15 MINUTES
93d	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) HYPERTENSIVE ARTERIOSCLEROTIC	10 YEARS
		(c) HEART DISEASE	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) —

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JAN, 1949, to NOV 7, 1949, that I last saw the deceased alive on NOV 5, 1949, and that death occurred at 5:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Gordon S. Rosenberger M.D. Rockville Maryland Nov. 7, 1949

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) BURIAL — DATE THEREOF 11-9-1949 — NAME OF CEMETERY ~~OR CREMATORY~~ Rockville Union Cemetery — LOCATION (City, town, or county) (State) Rockville, Monty Co., Md.

DATE REC'D BY LOCAL REG. 11-7-49 — REGISTRAR'S SIGNATURE Helen Kinnach

24. FUNERAL DIRECTOR — ADDRESS Robert A. Pumphrey, Rockville Md.

RECEIVED
NOV 10 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10918

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase, Md.
LENGTH OF STAY (In this place) 8 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Georgia COUNTY Chatham
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Savannah
STREET ADDRESS (If rural give location) 11 E 52nd, Street.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
RUBY	BACON	NICOLL	Nov 9, 1949 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Female	White	Widowed	June 22 1870	79 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Chatham County, Georgia	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Albert S. Bacon	Ruby Hickman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Mrs. Ruby Nicoll Armstrong

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Congestive Heart Failure and Uremia	6 months
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 131a	(b) Generalized Arterio-Sclerosis	unknown
	(c) Coronary Heart Disease and Nephrosclerosis	"

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan 28, 19 41, to Nov 9, 19 49, that I last saw the deceased alive on Nov 7, 19 49, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Martha Stewart	M.D.	1150 Connecticut Ave Washington 6, D.C.	

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov 20, 1949	Bonaventure Cemetery	Savannah, Georgia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
11-9-49	Helen Kurvach	Joseph Gawler's Sons. 1756 Pa. Ave. Wash. D.C

VS. A15

NOV 15 1949
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10919

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
LENGTH OF STAY (in this place): 1 mo 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Tennessee — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Memphis
STREET ADDRESS (If rural, give location): 975 Tulley Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
William	James	Noe	Nov	17	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	Married	9-1-14	35 yrs.	2 / 18	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Seaman	U S Navy	Cochran, Tennessee	US

13. FATHER'S NAME: Ike Noe

14. MOTHER'S MAIDEN NAME: Mollie White

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If year, give war or dates of service): WWII

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Sister: Irene Sigler 342 Poplar St, Memphis

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Anemia, Aplastic	1 years
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from 14 October 1949, to 17 November 1949, that I last saw the deceased alive on 17 November 1949, and that death occurred at 10:40P m., from the causes and on the date stated above.

SIGNATURE: J.A. Hege (Degree or title): C.H. HEGE MC, USN ADDRESS: U.S. NAVAL HOSPITAL, BETHESDA, MARYLAND DATE SIGNED: 11-18-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial		Green Creek	Hernando, Missippi

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/23/49	Elizabeth Willett	Wastler Funeral Home.	301 East Capitol
		L.W. Wastler	Washington D.C.

RECEIVED
NOV 29 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10920

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park; LENGTH OF STAY (in this place) 3 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 19 Glenwood.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park; STREET ADDRESS (If rural give location) 19 Glenwood.

3. NAME OF DECEASED (Type or Print): (First) Amanda (Middle) ~~Est~~ ELLEN (Last) Ogden

4. DATE OF DEATH: (Month) Nov (Day) 16 (Year) 19 49

5. SEX: Fem

6. COLOR OR RACE: White

7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify)

8. DATE OF BIRTH: Sept 24 1878

9. AGE last birthday: 71 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY none

11. BIRTHPLACE (State or foreign country): Leesburg, Va.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Robert Bruce Ogden.

14. MOTHER'S MAIDEN NAME: Amanda Ellen Norris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs Eliz Criss.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Uremia — Interval between onset and death: May 1949

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Gen Arteriosclerosis & Hypertension — 14 yrs.

(c)

447 97

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/21/, 1942, to 11/16/, 1949, that I last saw the deceased alive on 11/15/, 1949, and that death occurred at 8:15 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Howard I Morse MD 28 Carroll Ave Takoma Park Md 11/16/49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE Nov. 18 1949; NAME OF CEMETERY OR CREMATORY Union Cemetery; LOCATION (City, town, or county) (State) Leesburg, Virginia

DATE REC'D BY LOCAL REG. 11/16/49; REGISTRAR'S SIGNATURE Milton Dodd

24. FUNERAL DIRECTOR ADDRESS J. Arthur Walters, 254 Carroll Ave. N.W. 495

RECEIVED
NOV 17 1919
U. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

10921

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda Md. LENGTH OF STAY (in this place) 4 hrs.-55 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital 8600 Old Georgetown Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural, give location) 4706 Hunt Ave.

3. NAME OF DECEASED (Type or Print) (First) Richard (Middle) B. (Last) Onslow

4. DATE OF DEATH (Month) Nov. (Day) 9th (Year) 1949

5. SEX male

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH April 10-1932

9. AGE last birthday 17 yrs. If under 1 year Months 6 Days 29 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) St Paul Minn.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Richard Walton Onslow

14. MOTHER'S MAIDEN NAME Barbara Brink

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT Richard Walton Onslow 4706 Hunt Ave Ch. Chase Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
976 Immediate cause	(a) Gun shot (22 cal.) wound in	5 hrs.
164C Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) forehead	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 11-9-49

19b. MAJOR FINDINGS OF OPERATION Bullet in brain

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) home (CITY OR TOWN) Chevy Chase (COUNTY) Monty (STATE) Md

TIME OF INJURY (Month) 11 (Day) 8 (Year) 49 (Hour) 11 P. m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? self inflicted bullet wound

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Broochart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 11-9-49

23. BURIAL, CREMATION REMOVAL (Specify) Cremation

DATE THEREOF 11/9/49

NAME OF CEMETERY OR CREMATORY Cedar Hill Crematory

LOCATION (City, town, or county) Suitland (State) Maryland

DATE REC'D BY LOCAL REG. 11-9-49

REGISTRAR'S SIGNATURE Helen Kurvach

24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS Bethesda, Md

RECEIVED
NOV 15 1949
BUREAU V. S.

10922

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 217

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ashton
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS rural

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Ohio COUNTY Lucas
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Toledo
STREET ADDRESS (If rural, give location) 2627 Fulton St.

3. NAME OF DECEASED (Type or Print) (First) Catherine (Middle) Anne (Last) O'Toole
4. DATE OF DEATH (Month) Nov (Day) 25 (Year) 1949
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH 5-18-'64
9. AGE last birthday 85 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY Teacher
11. BIRTHPLACE (State or foreign country) Indiana
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Michael Downey
14. MOTHER'S MAIDEN NAME Elizabeth McWeeney
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. no.
17. INFORMANT James J. O'Toole

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause	(a) Coronary occlusion	sudden death
942 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ therean and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Broschart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 11-25-49

23. BURIAL, CREMATION REMOVAL (Specify) Trans. & Burial
DATE THEREOF 11/25/49
NAME OF CEMETERY OR CREMATORY Calvary Cemetery
LOCATION (City, town, or county) Toledo, (State) Ohio
DATE REC'D BY LOCAL REG. 11/28/49
REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR Warner E. Pumphrey, Inc. ADDRESS Silver Spring, Md.

12-1-49 Gertrude B Lawler

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
DEC 13 1949
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10923

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington | LENGTH OF STAY (in this place) natural life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Samuel (Middle) (Last) Pratt

4. DATE OF DEATH: (Month) Nov (Day) 19 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Colored

7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify): Married

8. DATE OF BIRTH: Sept 19, 1884 — 65 yrs.

9. AGE last birthday: If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Brookville, Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Lewis Pratt

14. MOTHER'S MAIDEN NAME: Sidney Wallace

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. Sarah E. Pratt (wife.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral accident Cardiac Vascular disease	
422.1 / 61 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic nephritis	24yrs + 3mo.
	(c) Chronic Myocarditis	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes

19a. DATE OF OPERATION: None | 19b. MAJOR FINDINGS OF OPERATION: None | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 8, 19 47, to Nov 17, 19 49, that I last saw the deceased alive on 11/18, 19 49, and that death occurred at 5 P m., from the causes and on the date stated above.

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED
Calvin B. Le Compte | M.D. | 61 R St. N E | 11/22/49

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)
11/23/49 | Allens Chapel | Wheaton, Md

DATE REC'D BY LOCAL REG. 11/28/49 | REGISTRAR'S SIGNATURE Frances Potter | 24. FUNERAL DIRECTOR | ADDRESS
R. L. Snowden, Rockville, Md

RECEIVED
DEC 1 1949
BUREAU V. S.

SL 8118 Office
SH 5737 Surv.
21 0324 Funeral

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

M

MARGIN RESERVED FOR BINDING

I PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Montgomery — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Virginia — COUNTY: ?
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Colesville, Md — LENGTH OF STAY (in this place): 5½ mos.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Woods Cross Roads
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Jolliffe's Nursing Home Colesville Pike	STREET ADDRESS (If rural give location): Woods Cross Roads

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Lola	E.	Prillaman	11	28	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
F	W	Divorced	Dec 1865	83 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Clerk	None	Virginia	U S

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
C T Roane	Midkiff

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
334 Immediate cause	(a) Cerebral Apoplexy	6 hrs
836 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	5 yrs
	(c) Hypertension, Essential	15 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
None				

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 28 Nov, 1949, to 28 Nov, 1949, that I last saw the deceased alive on....., 19....., and that death occurred at 8:55 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Merton T. White	M.D	975 Georgia Ave Silver Spring Md	12-2-49

23. BURIAL, CREMATION / REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY / LOCATION (City, town, or county) (State)	
Burial	Dec 1949	National Memorial Falls Ch. Va.	

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/29/49	Frances Potter	J. Arthur Walters	754 Carroll Av. Takoma Park

Over

This patient was in the care of John Rogers, M.D.
9601 Sutton Pl. Silver Spring, Md. from
30 Aug '49 - 28 Nov '49. He last saw patient
alive 28 Nov '49. Pronounced her dead
that night as Dr Rogers was unavailable &
I was taking his calls.

Morton L. Wolf, M.D.

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DEC 1 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10925

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 5 hrs 35 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital 8600 Old Georgetown Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 3166 Jennyson St. N.W.

3. NAME OF DECEASED (Type or Print) (First) Harry (Middle) E. (Last) Bropf

4. DATE OF DEATH (Month) 11 (Day) 2 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Apr 11th 1873
9. AGE last birthday 76 yrs. If under 1 year: Months 6 Days 22 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stock Clerk (Retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Baltimore Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Unknown Bropf.
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 7 hrs.

420.1 Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Sclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 1, 1949, to Nov. 2, 1949, that I last saw the deceased alive on Nov. 1, 1949, and that death occurred at 12:00 A.m., from the causes and on the date stated above.

SIGNATURE Robert T. Havell (Degree or title) M. D. ADDRESS 5516 Nebraska Ave. D.C. DATE SIGNED 11/2/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Nov 4, 1949
NAME OF CEMETERY OR CREMATORY Loudon Park
LOCATION (City, town, or county) (State) Baltimore Md

DATE REC'D BY LOCAL REG. 11-2-49
REGISTRAR'S SIGNATURE W. E. Jobes
24. FUNERAL DIRECTOR H. Saunders & Co. ADDRESS Balto. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

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NOV 5 1949
BUREAU V. S.

10926

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Prince George COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN University Park
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital 8600 Old Georgetown Rd.	STREET ADDRESS (If rural, give location) 4301 Van Buren

3. NAME OF DECEASED (Type or Print)	(First) Baby Boy	(Middle)	(Last) Ricker	4. DATE OF DEATH	(Month) 11	(Day) 9	(Year) 1949
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 11-8-49	9. AGE last birthday yrs.	If under 1 year Months.	Days	If under 24 hrs. Hours 3 Min. 46
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Bethesda, Maryland				12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Thomas B. Ricker			14. MOTHER'S MAIDEN NAME Shirley Blake				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS				

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

762.5 Immediate cause (a) Massive atalectasis — 3 hrs. 30 min.

Antecedent cause(s)

159 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Prematurity - 26 wks gestation.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/8, 1949, to 11/9, 1949, that I last saw the deceased alive on 11/8, 1949, and that death occurred at 1:34 a. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Francis Warren	M.D.	2015 - R St N.W.	11/9/49.

23. BURIAL, CREMATION REMOVAL (Specify)	DATE 11-10-49	NAME OF CEMETERY OR CREMATORY St. Mary's	LOCATION (City, town, or county) (State) Lincoln Rd, N.E, Wash, D.C.
DATE REC'D BY LOCAL REG. 11-9-49	REGISTRAR'S SIGNATURE Helen Kurvach	24. FUNERAL DIRECTOR Frank Geiers Sons Co	ADDRESS 3605-14 N W Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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NOV 10 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

10927

Reg. Dist. No. 223

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park. Md.
LENGTH OF STAY (in this place) 29 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San + Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Florida COUNTY Dade
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Miami
STREET ADDRESS (If rural, give location) 638 North West 37th st.

3. NAME OF DECEASED (Type or Print): (First) Grayce (Middle) Gayle (Last) Robertson

4. DATE OF DEATH: (Month) 11 (Day) 10 (Year) 1949

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Jan. 12 1893

9. AGE last birthday: 56 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Dayton Ohio

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Samuel M. Kellison

14. MOTHER'S MAIDEN NAME: Alwilda Mercer.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): None (If year, give war or dates of service): None

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Wash. San + Hosp. records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
162	Immediate cause	(a) Pulmonary insufficiency and Inanition	30 days
47C	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Complete atelectasis left lung, due to Obliterative pleuritis, left lung	30 days
		(c) Bronchogenic carcinoma, left main stem bronchus.	3 yrs. ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 12, 1949, to Nov. 10, 1949, that I last saw the deceased alive on Nov. 10, 1949, and that death occurred at 11:10 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Wallace R. Mook, M.D. Takoma Park, Md. 11-10-49

23. BURIAL, CREMATION REMOVAL (Specify) DATE Nov. 14 1949 NAME OF CEMETERY OR CREMATORY Dayton Memorial Abbymaus. LOCATION (City, town, or county) Dayton Ohio (State)

DATE REC'D BY LOCAL REG. Nov 10-1949 REGISTRAR'S SIGNATURE J. Wilbur Dodd

24. FUNERAL DIRECTOR The S. H. Hines Co. ADDRESS 2901-14th St. N.W. Washington 9 D.C.

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JUL 14 1949

10928

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH· COUNTY: Montgomery — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED· STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park — LENGTH OF STAY (in this place): 20 Hours	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington Sanitarium	STREET ADDRESS (If rural, give location): 758 Silver Spring Ave.

3. NAME OF DECEASED (Type or Print) (First) John	(Middle) Thompson	(Last) Ross	4. DATE OF DEATH (Month) November	(Day) 7	(Year) 1949
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH: April 3, 1885	9. AGE last birthday: 64 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Contractor	10b. KIND OF BUSINESS OR INDUSTRY: own business	11. BIRTHPLACE (State or foreign country): Scotland	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME: James Ross		14. MOTHER'S MAIDEN NAME: Mary Thompson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 577-03-1061	17. INFORMANT: Washington Sanitarium Records			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
420.1	Immediate cause	(a) Coronary thrombosis	36 hrs.
94a	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis.	8-10 yrs.
		(c)	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 5 Nov., 1948, to 7 Nov., 1949, that I last saw the deceased alive on 6 Nov., 1949, and that death occurred at 8 10 m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
G. B. Queen	M.D.	112 Willow Ave Takoma Park, Md.	7 Nov. 1949

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE THEREOF: Nov. 10, 1949	NAME OF CEMETERY OR CREMATORY: Fort Lincoln	LOCATION (City, town, or county) (State): Prince Geo. Co., Md
DATE REC'D BY LOCAL REG.: 11/7/49	REGISTRAR'S SIGNATURE: [signature]	24. FUNERAL DIRECTOR: Warner E. Pumphrey Inc.	ADDRESS: [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 1949
BUREAU V. S.

RECEIVED
NOV 10 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

10920

Reg. Dist. No. 215

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: BETHESDA, MONTGOMERY — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BETHESDA, RURAL
LENGTH OF STAY (in this place): 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: DISTRICT COLUMBIA — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: WASSHINGTON
STREET ADDRESS (If rural, give location): #1 Ocean Green, SW

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Pauline	Ursula	ROSSI	NOV 17 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Married	9-12-20	29 yrs.	2	5		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Pennsylvania	US

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Michael Gacatorta	Pauline Longo

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No		Husband: Bruno Rossi, same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Chronic Azotemia	1 yr
592 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 1316 (b)	Chronic Anemia	1 yr
(c)	Chronic Nephritis	Indef.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes XXX No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 7 November 1949, to 17 November 1949, that I last saw the deceased alive on 17 November 1949, and that death occurred at 5:12 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

E.M. SPAULDING CDR, MC, USN U.S. Naval Hospital, Bethesda, Md 11/23/49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial			Burgettstown, Pennsylvania

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
23 Nov 1949	Elizabeth Willett	Simmons Brothers, 2007 Nichols Ave, SE, WDC

Leonard H. Simmons

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NOV 29 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

10930

Reg. Dist. No.....

1. PLACE OF DEATH
COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney
LENGTH OF STAY (in this place) 24 da
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montgomery County General Hospital Inc

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clarksville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Robert (Middle) G (Last) SchenKelberg

4. DATE OF DEATH (Month) Nov. (Day) 30 (Year) 1949

5. SEX Male | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single | 8. DATE OF BIRTH August 7-1934 | 9. AGE last birthday 15 yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PT-School
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME August SchenKelberg
14. MOTHER'S MAIDEN NAME Bertha Gross

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) —
16. SOCIAL SECURITY No. None
17. INFORMANT Mrs Earl Sauter

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153 Immediate cause (a) Cachexia — Interval between onset and death: 1 week

46.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Colloid carcinoma of the cecum — 4 mos.
(c) C direct spread to abdominal viscera

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Sept 20, 1949
19b. MAJOR FINDINGS OF OPERATION Carcinoma of Cecum
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 2, 1949, to Nov 30, 1949, that I last saw the deceased alive on Nov 30, 1949, and that death occurred at 9 35/p m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Charles S. Whitaker, M.D. Clarksville, Md. 11-30-49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Dec. 3rd 49
NAME OF CEMETERY OR CREMATORY Dayden Park Cem.
LOCATION (City, town, or county) (State) Balto 29-Md

DATE REC'D BY LOCAL REG. December 3rd 1949
REGISTRAR'S SIGNATURE R.W.
24. FUNERAL DIRECTOR ADDRESS
E. B. Wippert & Son. 1300 Eutaw Pl-17

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Evidence for addition of 18b shown on:

10931

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

FILM No. G 122 NOV 23 1949

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: MONTGOMERY
MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BETHESDA, RURAL
LENGTH OF STAY (in this place): 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: ~~XXXXX~~ NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: New York
COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bronx
STREET ADDRESS (If rural, give location): 1732 Monroe Avnue

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
MILTON	(n)	SCHWARTZ	NOV.	10	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Single	7-16-18	31 yrs.	6	24		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): New York
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Max Schwartz
14. MOTHER'S MAIDEN NAME: Hannah Greenburg

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If year, give war or dates of service): WW II
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Deceased's statements on admission

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Intracranial Neoplasm:	6 weeks
193 Antecedent cause(s)		
54a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Glioblastoma multiforme (11/23/49 as)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
9 Nov 1949	Intracranial neoplasm with softening & hemorrhage	Yes XXX No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 1 November 1949, to 10 November 1949 that I last saw the deceased alive on 10 November 1949, and that death occurred at 3:56P m., from the causes and on the date stated above.

SIGNATURE: J.C. McNerney (Degree or title) CDR, MC, USN ADDRESS: U.S. NAVAL HOSPITAL, BETHESDA, MD DATE SIGNED: 11/14/49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov 13, 1949	Aaron Hirsh Cemetery	Staten Island, New York

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
11/15/49	Elizabeth Willett	Danzansky Funeral Home, 3501 14th St WDC

(M.T.E)

RECEIVED
NOV 10 1949
BUREAU V. S.

Evidence for addition in 18a shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10932

FILM No. G 12 NOV 23 1949

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington Sanitarium & Hosp. Takoma Park Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: District of Columbia. COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington.
STREET ADDRESS (If rural, give location): 5504 - 14th St. N.W. ✓

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Helen	— McDONALD	Seofield	11	14	49

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months / Days / Hours	If under 24 hrs. Min.
Female	White	married	4-23-1892	57 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
RETIRED BOYER - HSWF.	HECHT Co	Barton Maryland.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Joseph Pearce	Clara Dawson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
		Washington Sanitarium & Hospital Records

18. MEDICAL CERTIFICATION (11/22/49 - A.S.)

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

199.1 **Immediate cause** (a) abdominal Generalized Adenocarcinomatosis

Antecedent cause(s)

55e Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from 10-12-, 1949, to 11-14, 1949, that I last saw the deceased alive on 11-14-, 1949, and that death occurred at 11-15 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Paul V. Starr	M.D.	722 Maple Ave. Takoma Park Md.	11-15-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	11/18/49	Ft. Lincoln Cemetery	Prince Georges Co., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/15/49	[illegible] Dodd	S. H. Hines Co.	Washington, D.C.

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NOV 16 1949
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10933

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH- COUNTY: Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED- STATE: Maryland COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda — LENGTH OF STAY (in this place): 20 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 4520 Highland Ave.	STREET ADDRESS (If rural, give location): 4520 Highland Ave.

3. NAME OF DECEASED (Type or Print)	(First) Raymond	(Middle) J.	(Last) Seese	4. DATE OF DEATH	(Month) Nov.	(Day) 29	(Year) 1949
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married	8. DATE OF BIRTH: Aug. 3, 1901	9. AGE last birthday: 48 yrs.	If under 1 year: Months 3, Days 26	If under 24 hrs.: Hours, Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country): Virginia	12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME: Mahlon Seese	14. MOTHER'S MAIDEN NAME: Nanny Hinegardner						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)	16. SOCIAL SECURITY No.: 578-05-2849	17. INFORMANT AND ADDRESS: Ruth E. Seese - Wife					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
153 Immediate cause	(a) Toxemia	6 Weeks
Antecedent cause(s)		
46 e Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Metastatic Carcinoma of Liver	1 Year
	(c) Carcinoma of Sigmoid.	?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Sept. 1948	19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Sigmoid and Metastases to liver	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1948, to Nov 29, 1949, that I last saw the deceased alive on Nov 29, 1949, and that death occurred at 9:15 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Francis J. Sharpe	MD	3323-O-St. NW Wash. DC	11/30/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: Dec. 2, 1949	NAME OF CEMETERY OR CREMATORY: Cedar Hill Cemetery	LOCATION (City, town, or county): Suitland	(State): Maryland
DATE REC'D BY LOCAL REG.: 12-1-49	REGISTRAR'S SIGNATURE: Helen Kurwack	24. FUNERAL DIRECTOR: Robert A. Humphrey	ADDRESS: Bethesda, Md.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 3 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10934

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY MONTGOMERY; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BETHESDA, RURAL
LENGTH OF STAY (In this place) 3mo 28 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE DISTRICT COLUMBIA; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WASHINGTON
STREET ADDRESS (If rural, give location) 1733 "N" STREET, NW

3. NAME OF DECEASED (Type or Print): (First) TONY (Middle) (n) (Last) SIMINOFF

4. DATE OF DEATH: (Month) 11-4-49 (Day) (Year) 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: 4-3-83

9. AGE last birthday: 66 yrs. If under 1 year: Months. 7 Days 1 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Russia

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: SAMUEL SIMINOFF

14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) WW I (If year, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: REGIONAL OFFICE, VETERANS ADMINISTRATION

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

154 Immediate cause (a) Adenocarcinoma of rectum

Antecedent cause(s)

146d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) with metastases

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or coodition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes XXXX No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6 July, 19 49 to 4 November 1949, that I last saw the deceased alive on 4 November 1949, and that death occurred at 2:35 A m., from the causes and on the date stated above.

SIGNATURE H. L. Golbranson (Degree or title) ADDRESS F.L.GOLBRANSON LTJG, MCR, USNR, U S NAVAL HOSPITAL, BETHESDA, MD. DATE SIGNED 11-4-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE 11-7-49

NAME OF CEMETERY OR CREMATORY Arlington National

LOCATION (City, town, or county) (State) Arlington, Virginia

DATE RECD BY LOCAL REG. 11/12/49

REGISTRAR'S SIGNATURE Elizabeth Willett

24. FUNERAL DIRECTOR ADDRESS B. Danzansky 3501 14th Street, NW, Wash DC

W. C. Brown

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OCT 18 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

10935

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park; LENGTH OF STAY (in this place) 1 mo - 6 da; HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San. & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park; STREET ADDRESS (If rural, give location) 803 Greenwood Ave.

3. NAME OF DECEASED (Type or Print): (First) Jensina (Middle) Emily (Last) Slate

4. DATE OF DEATH: (Month) 11 (Day) 3 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 7-16-1892

9. AGE last birthday: 57 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Denmark

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Hansen

14. MOTHER'S MAIDEN NAME: Christina Iverson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Admission Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

416 Immediate cause (a) Congestive Cardiac Failure — Interval Between Onset and Death: Terminal

Antecedent cause(s)

95b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Rheumatic Heart Disease — 35 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 27, 1949, to Nov. 3, 1949, that I last saw the deceased alive on Nov 3, 1949, and that death occurred at 9:55 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Robert A Hare M.D. Takoma Park. Md. 11/3/49.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: Nov. 5, 1949 | NAME OF CEMETERY OR CREMATORY: George Nash Memorial Cem | LOCATION (City, town, or county) (State): Riggs Rd, Hyattsville, Md.

DATE REC'D BY LOCAL REG.: Nov 4 1949 | REGISTRAR'S SIGNATURE: [illegible] | 24. FUNERAL DIRECTOR: J. Arthur Oakley | ADDRESS: 254 Carroll St. N.W. Takoma Park, D.C.

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BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

10936

Reg. Dist. No. 211

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Damascus
MARYLAND
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland
COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Damascus
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) H. (Middle) Clifton (Last) Stanley

4. DATE OF DEATH: (Month) Nov. (Day) 28 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Jan. 19-1895

9. AGE last birthday: 54 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Damascus, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: R. Harry Stanley

14. MOTHER'S MAIDEN NAME: Fannie G. Mount

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no
(If year, give war or dates of service)

16. SOCIAL SECURITY NO. 212-24-4702 212-10-3962

17. INFORMANT AND ADDRESS: Lola L. Stanley, Damascus, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Insufficiency ? due to infiltration of lymphosarcoma.	12 hours
Antecedent cause(s)	(b) Lymphosarcoma surrounding superior vena cava and azygos veins with complete	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) obstruction.	1½ years

200.1
55 2

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: September 1948

19b. MAJOR FINDINGS OF OPERATION: see b. above

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 48, to Nov. 28 49, that I last saw the deceased alive on Nov. 28 49, and that death occurred at 7:50 a. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W McKendree Boyer M.D. Damascus, Maryland 11/29/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: Nov. 30-1949
NAME OF CEMETERY OR CREMATORY: Damascus Methodist
LOCATION (City, town, or county) (State): Damascus, Maryland.

DATE REC'D BY LOCAL REG. 11/29/49
REGISTRAR'S SIGNATURE: Della V. Burdette

24. FUNERAL DIRECTOR ADDRESS: Olin L. Molesworth, Damascus, Md.

DEC 1949
BUREAU U. S.

Evidence for change of age shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10937

FILM No. G 123 JAN 13 1950 **CERTIFICATE OF DEATH**

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rockville
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Youngerman Rest Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rockville
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) SOPHY (Middle) TAYLOE (Last) STANSBURY

4. DATE OF DEATH: (Month) Nov. (Day) 13th (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Mar. 20, 1864

9. AGE last birthday: 85 ~~84~~ yrs. If under 1 year: Months. 7 Days 23 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Warsaw, Virginia

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: William Henry Tayloe

14. MOTHER'S MAIDEN NAME: Courtenay Chinn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Son Beverley T. Stansbury-Bethesda, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	Congestive Heart Failure	48 hours
Antecedent cause(s) 420.1		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 94a (b)	Myocardial Infarction	6 weeks
(c)	Coronary Sclerosis —	10-20 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?:

22. I hereby certify that I attended the deceased from 11/13, 1949, to 11/13, 1949, that I last saw the deceased alive on 11/13, 1949 and that death occurred at 3:30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED: Walter Welch M.D. Rockville Md.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: 11/15/49

NAME OF CEMETERY OR CREMATORY: Rockville Union Cem.

LOCATION (City, town, or county) (State): Rockville, Maryland

DATE REC'D BY LOCAL REG.: 11-14-49

REGISTRAR'S SIGNATURE: Helen Kurrack

24. FUNERAL DIRECTOR ADDRESS: Robert A. Dunphrey- Bethesda, Md.

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NOV 18 1949
BUREAU V. S.

10938

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda
LENGTH OF STAY (In this place): 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Suburban Hospital 8600 Old Georgetown Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Washington — COUNTY: D.C.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
STREET ADDRESS (If rural, give location): 4115 Emery Pl. N.W. ✓

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Thomas S. Stevenson
4. DATE OF DEATH (Month) (Day) (Year): Nov. 27 1949

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 7-29-1862
9. AGE last birthday: 87 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Attorney
10b. KIND OF BUSINESS OR INDUSTRY: Attorney
11. BIRTHPLACE (State or foreign country): Johnson Co. Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John A. Stevenson
14. MOTHER'S MAIDEN NAME: Henrietta Griffiths

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Congestion (Stasis) — 6 Days

592 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral Vascular Accident (Embolus) — 6 Days

131 (c) Chronic Nephritis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1947, to Nov 27, 1949, that I last saw the deceased alive on 11-27, 1949, and that death occurred at 6:45P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
P. P. Andrews M.D. Washington D.C. 11-27-49

23. BURIAL, CREMATION REMOVAL (Specify) — DATE: Nov. 29 — NAME OF CEMETERY OR CREMATORY: Minneapolis Minn — LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. 11-28-49 — REGISTRAR'S SIGNATURE: Helen Kurvack
24. FUNERAL DIRECTOR — ADDRESS: Chevy Chase Funeral Home 5101 - Wis ave N.W. D.C

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 30 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

10939

Reg. Dist. No. 28

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Montg Co. STATE: MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland COUNTY: Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Olney. LENGTH OF STAY (in this place): 3Hr	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Gaithersburg. Rural.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Montg.Co, General Hospital	STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	William		Thompson		11	16	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
Male	Col	Widower	about 1874 Unknown	About 75 Yrs				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	"	Gaithersburg Md,	U S A

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Daniel Thompson	Emeline Thompson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Helen Smith.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Uremia	
610 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Acute urinary retention	3 days
137b	(c) Prostatic hypertrophy	yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on 16 Nov., 19 49 and that death occurred at 9:45 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
A. D. Bonifant	M. D.	Sandy Spring Md.	

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11/19/49	Emory Grove Cemetery	Emory Grove. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov. 19, 1949	Rhoda L Locke	Ernest C. Gartner.	Gaithersburg Md,

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10940

CERTIFICATE OF DEATH

Reg. Dist. No. 223

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Montgomery County MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park. LENGTH OF STAY (in this place) 2 mo. 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) 8 Bryant street N.W. D.C.

3. NAME OF DECEASED (Type or Print): (First) maria (Middle) Lala (Last) tremain

4. DATE OF DEATH: (Month) November (Day) 6 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 4/9/1877

9. AGE last birthday: 72 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Government Clerk

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? American

13. FATHER'S NAME: Edwin D. Farnham

14. MOTHER'S MAIDEN NAME: Ellen maria Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Acute Anterior Coronary thrombosis — Interval Between Onset and Death: 2-4 hrs.

94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/29/49, to 11/5/49, that I last saw the deceased alive on 11/5/49, and that death occurred at 4:15 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Arthur E Coyne MD

ADDRESS: TAKOMA PARK. MD

DATE SIGNED: 11/5/49

23. BURIAL, CREMATION, REMOVAL (Specify):

DATE THEREOF: 11/7/49

NAME OF CEMETERY OR CREMATORY: Glenwood Cem

LOCATION (City, town, or county) (State): Washington D.C.

DATE REC'D BY LOCAL REG.: 11/5/49

REGISTRAR'S SIGNATURE: J. William Dodd

24. FUNERAL DIRECTOR: The S. H. Hines Co.

ADDRESS: 2901-14th St N.W. Wash. D.C.

VS. A15

NOV 8 1949
LANGAU Y. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10941

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH
COUNTY: MONTGOMERY
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BETHESDA, RURAL
LENGTH OF STAY (in this place): One day
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Virginia
COUNTY: Onancock
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chincoteague
STREET ADDRESS (If rural, give location): Trailer Park Area G NAAS

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) (n) (Last) UBER

4. DATE OF DEATH: (Month) 11-5-49 (Day) (Year) 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: 11-4-49

9. AGE last birthday: yrs. If under 1 year: Months. Days: 1 If under 24 hrs.: Hours 6 Min. 10

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): CHINCOTEAGUE, VRIGINIA

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: WILLIAM JOSEPH UBER

14. MOTHER'S MAIDEN NAME: THERES PINARD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Father: William Joseph UBER

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

762.5 Immediate cause (a) GENERALIZED MINIMAL ATLECTASIS

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) PREMATURITY

159 (c) IMCOMPATABLE WITH LIFE

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes XXX No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4 November 1949, to 5 November 1949, that I last saw the deceased alive on 5 November, 1949, and that death occurred at 11:45 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

P. PETERSON CAPTAIN, MC, USN, U.S. NAVAL HOSPITAL, BETHESDA, MARYLAND

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL | DATE: 11-8-49 | NAME OF CEMETERY OR CREMATORY: ARLINGTON NATIONAL | LOCATION (City, town, or county) (State): ARLINGTON VIRGINIA

DATE REC'D BY LOCAL REG. 11/12/49 | REGISTRAR'S SIGNATURE: Elizabeth Willett | 24. FUNERAL DIRECTOR: W.W. CHAMBERS 1400 CHAPIN ST NW WASH DC ADDRESS

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NOV 16 1943
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10942

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
LENGTH OF STAY (in this place): 3mo 25 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: DISTRICT OF COLUMBIA — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: WASHINGTON
STREET ADDRESS (If rural, give location): 605 DECATUR ST NW.

3. NAME OF DECEASED (Type or Print): (First) Joe (Middle) (n) (Last) VANDENBERG

4. DATE OF DEATH: (Month) NOV (Day) 26 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 6-12-97

9. AGE last birthday: 52 yrs. — If under 1 year: Months 5, Days 14 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Statistician

10b. KIND OF BUSINESS OR INDUSTRY: U.S. GOVT

11. BIRTHPLACE (State or foreign country): Pella Iowa

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: William Vandenberg

14. MOTHER'S MAIDEN NAME: Anna Wesseling

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If year, give war or dates of service): WW II

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Wife: Ada E Vandenberg same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Broncho pneumonia — Interval between onset and death: 4 days

190 Antecedent cause(s)

53 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Melanotic Melanoma with generalized meta-stasis — 6 mos.

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes XXXX No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 August, 1949, to 26 November 1949, that I last saw the deceased alive on 26 November 1949, and that death occurred at 1:07 P m., from the causes and on the date stated above.

SIGNATURE: J.M. Hanner (Degree or title) ADDRESS: J.M. HANNER CDR, MC, USN, U.S. NAVAL HOSPITAL, BETHESDA, MD — DATE SIGNED: 12-1-49

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL | DATE: 11/30/49 | NAME OF CEMETERY OR CREMATORY: Arlington National | LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG.: 12-4-49 | REGISTRAR'S SIGNATURE: Elizabeth Willett | 24. FUNERAL DIRECTOR AND ADDRESS: W.W. Chambers, 1400 Chapin St Wash.DC

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DEC 10 1949
BUREAU V. S.

49-7-41

10943

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:

County: Mont.

City or town: Bethesda

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Mont.

City or town: Bethesda

(If outside city or town limits, write RURAL and give nearest town)

Street No.: 4608 - Chestnut

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: William H. Van Pelt

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Irene Van Pelt

~~January 17-1882~~ 6.(c) If alive, give age ~~67~~ years

7. Birth date of deceased (mo., day, yr.): January 17-1882

8. AGE:	Years	Months	Days	If less than one day
67				hrs. min.

9. Birthplace: Harrisonburg Va (Town, county, and state)

10. Usual occupation: Builder

11. Industry or business

FATHER
12. Name: Archbald Van Pelt
13. Birthplace: Harrisonburg Va

MOTHER
14. Maiden name: Sally Early
15. Birthplace: Harrisonburg Va

16. Informant: Mrs Irene Van Pelt

Address: 4608 - Chestnut St.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 10-1949 (month) (day) (year)

Cemetery or crematory: Cedar Hill

Location: Suitland Md.

18. Funeral director: Deal Funeral Home

Address: 4812 - La Ave. N.W. Washington DC

19. 11-8-49 (Date rec'd by registrar) 19 Helen Kurvack Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 11/8 1949, at 2:40 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 8/26 1949, to 11/8 1949 and that I last saw him alive on 11/8 1949

Immediate cause of death	DURATION
Carcinoma of liver - secondary	1 year
Due to: Primary carcinoma of large intestine	7 years
Due to:	
Other conditions: Hypertension	4 years

153

46e

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Bruce T. Benjamin M.D. M. D. or other

Address: Bethesda Md. Date signed: 11/8/49

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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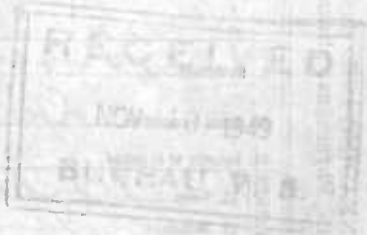
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10944

CERTIFICATE OF DEATH

Reg. Dist. No. 218

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montg Co, MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg. Md | LENGTH OF STAY (in this place) 4Yr 6 Mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS Asbury Methodist Home Gaithersburg Md,

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg. Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Henry (Last) VanSant
4. DATE OF DEATH: (Month) 11 (Day) 18 (Year) 49

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower
8. DATE OF BIRTH: Jan 18/1851
9. AGE last birthday: 98 yrs. | If under 1 year: Months 10 Days 8 | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Shoe Maker. Retired
10b. KIND OF BUSINESS OR INDUSTRY: "
11. BIRTHPLACE (State or foreign country): Trenton. N J.
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Jessie C. VanSant
14. MOTHER'S MAIDEN NAME: Elizabeth Middleton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Asbury Methodist Home Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

304 Immediate cause (a) Senile Insanition — 2 year

Antecedent cause(s)

162a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Senile Dementia — 4-6 year

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from —, 1949, to Nov 18, 1949, that I last saw the deceased alive on Nov 15, 1949, and that death occurred at 7 30Am m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
William C. Miller M.D. 78 Brookes ave. Gaithersburg, Md. —

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: 11/21/49
NAME OF CEMETERY OR CREMATORY: Druid Ridge Cemetery
LOCATION (City, town, or county) (State): Pikes Ville Md,

DATE REC'D BY LOCAL REG.: Nov. 19, 1949
REGISTRAR'S SIGNATURE: Velma L Earle
24. FUNERAL DIRECTOR ADDRESS: Ernest C. Gartner, Gaithersburg Md,

RECEIVED
NOV 22 1949
BUREAU V. S.

10945

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park
LENGTH OF STAY (in this place): 15 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington San. & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Washington D.C. — COUNTY: D.C.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington D.C.
STREET ADDRESS (If rural, give location): 3900 Conn. Ave. N.W. ✓

3. NAME OF DECEASED (Type or Print): (First) Margaret (Middle) Eva (Last) Whitzell

4. DATE OF DEATH: (Month) Nov. (Day) 29 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: April 21, 1881

9. AGE last birthday: 68 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Teacher

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Leesburg, Va.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Harry Whitzell

14. MOTHER'S MAIDEN NAME: Harriett McCabe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Washington Sanitarium Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) Pulmonary edema & Circulatory failure — 540.1

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — 117a

(b) Ruptured Gastric ulcer & — 30 days +

(c) Cyst pancreas & pancreatic degeneration — " " "

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Nov. 18, 1949

19b. MAJOR FINDINGS OF OPERATION: Ruptured Gastric ulcer & pancreatic Cyst & edema

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 17, 19 49, to Nov. 29, 19 49, that I last saw the deceased alive on Nov. 29, 19 49, and that death occurred at 8:50 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS — DATE SIGNED

John F. Braunsberger M.D. — Takoma Park — Nov 29 1949

23. BURIAL, CREMATION REMOVAL (Specify) — DATE: Dec 1-1949 — NAME OF CEMETERY OR CREMATORY: Glenwood. — LOCATION (City, town, or county) (State): Washington D.C.

DATE REC'D BY LOCAL REG.: 11/29/49 — REGISTRAR'S SIGNATURE: J. Clifton Dodd

24. FUNERAL DIRECTOR — ADDRESS: Martin W. Hyson Co., 1300 "N" St. N.W. Wash., D.C.

RECEIVED
DEC 1 1949
BUREAU V. S.

RECEIVED
DEC 1 1949
BUREAU V. S.

10946

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 7 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 202 Birch Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural, give location) 202 Birch Ave

3. NAME OF DECEASED (Type or Print) (First) Arthur (Middle) John (Last) Williams
4. DATE OF DEATH (Month) nov (Day) 21 (Year) 1949
5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH June 30 1900
9. AGE last birthday 49 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman
10b. KIND OF BUSINESS OR INDUSTRY furniture
11. BIRTHPLACE (State or foreign country) Pa
12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME John Williams
14. MOTHER'S MAIDEN NAME Sarah Harris
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W W # 1
16. SOCIAL SECURITY NO. 170-09-4024
17. INFORMANT Arthur J. Williams Jr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: sudden death

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

94a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Broschart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 11-21-49

23. BURIAL, CREMATION REMOVAL (Specify) Transportation & Burial
DATE THEREOF Nov. 22, 1949
NAME OF CEMETERY OR CREMATORY Dunmore Cemetery
LOCATION (City, town, or county) Scranton (State) Pa.
DATE REC'D BY LOCAL REG. 11/23/49
REGISTRAR'S SIGNATURE J. Nelson Dodd
24. FUNERAL DIRECTOR Warner E. Pumphrey, Inc. ADDRESS Silver Spring, MD.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
NOV 28 1949
BUREAU V.S.

10947

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH · COUNTY: MONTGOMERY MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: VIRGINIA COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BETHESDA, RURAL — LENGTH OF STAY (in this place): 3 mo 5 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: WARRENTON
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. NAVAL HOSPITAL	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) Norman	(Middle) Lindsay	(Last) WILLIS	4. DATE OF DEATH	(Month) 11-20-49 (Day) (Year) 19
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Divorced	8. DATE OF BIRTH: 7-3-95	9. AGE last birthday: 54 yrs.	If under 1 year: Months 4, Days 17; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country): Bealeton, Virginia	12. CITIZEN OF WHAT COUNTRY? US		
13. FATHER'S NAME: Robert Willis		14. MOTHER'S MAIDEN NAME: Minnie Melvin			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) WW i	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS: Niece: Mrs Elmer Foster, same address			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) HEMORRHAGE

148

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) CACHEXIA

45 f

(c) Carcinoma, Pharynx and tongue with Metastases to neck.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes XXXX No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 15 August 1949, to 20 November 1949, that I last saw the deceased alive on 20 November 1949, and that death occurred at 4:55 P.m., from the causes and on the date stated above.

SIGNATURE: E.P. Irons (Degree or title) E.P. IRONS CDR, MC, USN — ADDRESS: U.S. NAVAL HOSPITAL, BETHESDA, MD — DATE SIGNED: 11/23/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: 11-23-49	NAME OF CEMETERY OR CREMATORY: Arlington National	LOCATION (City, town, or county) (State): Arlington, Virginia
DATE REC'D BY LOCAL REG.: 11/25/49	REGISTRAR'S SIGNATURE: Elizabeth Willett	24. FUNERAL DIRECTOR: W.W. CHAMBERS, 3072 M St Wash D.C.	ADDRESS

R Martin

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
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10948

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 12104 Viers Mill Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 12104 Viers Mill Rd.

3. NAME OF DECEASED (Type or Print) (First) JAMES (Middle) DALE (Last) WILLS
4. DATE OF DEATH (Month) 11 (Day) 17 (Year) 1949
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 10/22/49
9. AGE last birthday yrs. If under 1 year Months. Days 25 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Bethesda, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME James E. Wills
14. MOTHER'S MAIDEN NAME Myrtle Fitzgerald
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS James E. Wills-Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

772.5 Immediate cause (a) MALNUITRITION (PREMATURE AT BIRTH (WT. 4# 7oz.)) (25 days)

Antecedent cause(s)

159 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. PREMATURE - 8th MONTH. BIRTH WT. WAS 4# 7oz.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) X
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 10/22, 1949, to 11/17, 1949, that I last saw the deceased alive on 11/15/1949, and that death occurred at 4 A.M. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Samuel Allen MD. ADDRESS Kensington, Md. DATE SIGNED 11/17/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial-Transit DATE 11/18/49 NAME OF CEMETERY OR CREMATORY Lovington, Va. LOCATION (City, town, or county) Lovington, (State) Va.

DATE REC'D BY LOCAL REG. 11-17-49 REGISTRAR'S SIGNATURE Helen Kurvack 24. FUNERAL DIRECTOR Robert A Humphrey ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

10949

Reg. Dist. No. 215

1. PLACE OF DEATH COUNTY: Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: District Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural — LENGTH OF STAY (in this place): 3 mo 13 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital	STREET ADDRESS (If rural, give location): 1315 Belmont Street, NW

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Sylvester Michael (Last) ZIMMERMAN

4. DATE OF DEATH: (Month) Nov (Day) 18 (Year) 1949 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: 12-31-73

9. AGE last birthday: 75 yrs. If under 1 year: Months 10 Days 17 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Musician

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Annapolis, Maruland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Charles Zimmerman

14. MOTHER'S MAIDEN NAME: Mary Elizebeth Gessner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): SA

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Friend: Evgenia Botkin, 604 Park Rd Wash DC

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
443 Immediate cause	(a) Bronchopneumonia	1 day
Antecedent cause(s)		
61 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Renal insufficiency c̄ uremia	2 mo
	(c) Hypertensive cardiovascular disease	15 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Diabetes mellitus	25 yrs.
	Arteriosclerosis, marked	20 yrs.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes XXXX No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5 July, 1949, to 18 November 1949, that I last saw the deceased alive on 18 November 1949, and that death occurred at 9:15 A m., from the causes and on the date stated above.

SIGNATURE: F J Linehan Lt Jg MC USN (Degree or title) ADDRESS: F.J. LINEHAN JR. LTJG,MC, USN U.S. NAVAL HOSPITAL, BETHESDA MD DATE SIGNED: 11/23/49

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL DATE: 11/21/49 NAME OF CEMETERY OR CREMATORY: ARLINGTON NATIONAL LOCATION (City, town, or county) (State): ARLINGTON VIRGINIA

DATE REC'D BY LOCAL REG.: 11/23/49 REGISTRAR'S SIGNATURE: Elizabeth Willett Elizabeth Willett

24. FUNERAL DIRECTOR: S.H. HINES 2901-14th St NW Wash. DC ADDRESS

JJA

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15